

COMMISSION OF INQUIRY INTO THE
USE OF DRUGS AND BANNED PRACTICES
INTENDED TO INCREASE ATHLETIC PERFORMANCE

HEARING HELD AT 2nd FLOOR - 1235 BAY STREET,
TORONTO, ONTARIO ON
TUESDAY, JANUARY 17, 1989

VOLUME 6

B E F O R E:

THE HONOURABLE MR. JUSTICE CHARLES LEONARD DUBIN

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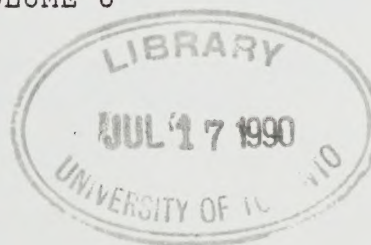
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THE HONOURABLE MR. JUSTICE CHARLES LEONARD DUBIN

25

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THE COMMISSIONER: Dr. Pipe?

THE WITNESS: Yes, sir.

5 MR. PROULX: Morning, Mr. Commissioner.

THE COMMISSIONER: You don't have a fast
remedy for a cold, do you.

MR. ARMSTRONG: Have you got your OHIP
card?

10 THE WITNESS: I do, Mr. Commissioner, but,
of course, I'd have to make a complete examination first.

THE COMMISSIONER: Well, let's adjourn.

Very well, Mr. Proulx?

15 MR. PROULX:

Q. Dr. Pipe, I think, would like us to go
through the end of your slide presentation, maybe.

A. Mr. Commissioner, yesterday, I think we
had reached the point where I was about to discuss the
20 question of testing as it is conducted in general terms
both in Canada and the United States -- in Canada and
throughout the world, and I provide this information in a
very limited form and, in a very general way, so that the
evidence that I'm sure that you hear later may be placed
25 in some form of context.

Drug testing is now part and parcel of the conduct of athletic competition at most major international events and, of course, most major domestic events in nations around the world.

5 I think it important to try and convey at this point the sophistication that is a part and parcel of these kinds of processes. Of this you will hear a great deal more.

10 Suffice it to say, we are not talking about laboratory technicians hunched over Bunsen burners peering into boiling flasks. We're talking about the application of state-of-the-art computerized detection equipment using the most refined forms of high speed gas chromatography which, in a sense, provides fingerprints of individual
15 chemical compounds and mass spectrometry, which in a sense, analyzes the kind of light that is given off by various chemical compounds when they're subjected to intense light scrutiny.

20 These techniques and facilities provide very accurate methods of identifying distinct chemical compounds within the samples of urine that are to be found in the samples provided by athletes at the conclusion of athletic competition. I make those comments just in passing to set the stage for what will undoubtedly follow
25 in the weeks to come.

I think it would be important as I conclude this particular form of presentation to just discuss briefly, to touch upon the reasons why it is that athletes may be motivated, in the first instance, to become
5 involved in using drugs.

And to say, first of all, as I said yesterday, that most often around the world the most eloquent, the most articulate, and indeed often the most forceful, calls for strict enforcement of drug rules, as
10 far as sports is concerned, come from athletes themselves.

In this instance, I quote from Ken Read who you will be hearing from later, when he says:

"That if we allow our sports programs to degenerate into laboratory tests for
15 performance enhancing drugs, we will have destroyed something very special."

And certainly the activities of Mr. Read, of colleagues from various sports around the world who are members of the IOC Athletes' Commission, I think will
20 reaffirm the intensity with which they view the necessity to solve this particular problem.

Why then, it may be asked, are certain athletes tempted to involve themselves in these processes? In a very superficial way I'd like to suggest that there
25 are a number of reasons.

We've already heard about the values of certain sporting subcultures and I think that those are very powerful -- those values can be very powerful determinants of the behaviour of those athletes or individuals within ---

THE COMMISSIONER: Will you expand on that, I'm not certain what you mean by "subculture."

THE WITNESS: Well, for instance, sir, this is a particular advertisement for food supplements which implies that the consumption of those particular food supplements in an athletic context will produce results which are to be desired by the athletes in that particular area or those individuals participating in similar activities.

In this instance, it would be weightlifting, powerlifting, body building, and, in those subcultures, again to use that word, these are activities which are supported, which are encouraged, which are part and parcel of the values and attitudes of those particular groups of athletes or individuals.

I think it's important to comment on this, because ---

THE COMMISSIONER: Who is is Lou Ferrigno. Is he a weightlifter?

THE WITNESS: This is a well-known

television personality. I'm not tremendously familiar --
I think this is somebody that is known as the Incredible
Hulk.

THE COMMISSIONER: No, he's not the
5 Incredible Hulk, but it's not Bob Armstrong either.

THE WITNESS: Perhaps I should move one
step to the right, Mr. Commissioner.

THE COMMISSIONER: It doesn't matter,
obviously.

10 THE WITNESS: What I'm trying to suggest
here is that there is raised in individual's minds the
concept that somehow success or performance or silhouette,
if you will, is dependant upon the administration or the
intake of sources, from without, of special supplements of
15 special compounds, be they nutritional or whatever, that
can enhance their particular ability.

And ---

THE COMMISSIONER: That looks like Bob
Armstrong now.

20 THE WITNESS: Nor is it Mr. Proulx, I think,
with a great deal of respect.

These kinds of products are sold, they are
advertized in certain journals, if that's the word, or
magazines that cater to the interests of people in certain
25 areas of sport. And they advertise and make claims for

the -- for the products that they're seeking to sell.

THE COMMISSIONER: Speaks of a safe, natural steroid. What would that be?

THE WITNESS: I have no idea. And I would
5 assume that if we were to analyze that, that it would not be an anabolic steroid.

But, all manner of notions, nostrums,
magical elixirs, cure-alls are advertised in these very
lurid kind of terms, and in a manner which is obviously
10 contrary to which we would comfortable with from a scientific point of view. It's very much like the patent medicine shows of earlier times, in some respects, but again, aimed at a very specific part of the community.

And in some respects, that may again support
15 the kind of values that suggest to athletes that their success, their abilities can be enhanced by taking things from without. There is certainly also the perception among athletes and the athletic entourage, in order to compete with others who are involved in similar processes
20 they must themselves be involved in similar processes.

This argument, I'm sure you will appreciate,
is ultimately a circular one and it just goes on and on
and on. And indeed it has been referred to rather glibly
as the 'Big Arms Race' in an attempt to point out the
25 parallel to that which occurs in terms of other areas of

international relationships.

But that kind of international finger pointing, obviously, is totally counter-productive and does not assist us in reaching a resolution of this problem. At some point somebody has to stand up and say, enough is enough, and we must regain some sense of perspective.

There are tremendous pressures placed on athletes; you've already alluded to them to perform. Those pressures do not always come from without. Very often those pressures come from within.

Athletes, by their very nature, indeed their success as athletes and their identities as athletes is determined by their competitiveness, by the degree of which they are resolute in terms of trying to achieve certain results or certain performances.

Those things are, of course, are additive to the kinds of other pressures which may occur, which may be perceived as compelling them to perform at certain levels.

Again, in a very superficial way, this attempted to address that particular issue.

I'd like now to just, in concluding, comment about another area which is of concern to us. And I, with your permission, with your indulgence, show this cartoon in which two well-known cartoon characters, one says to

the other:

"I think testing athletes for drugs is fine,
as far as it goes."

"But what about testing coaches?"

5 And there is an unfortunate reference to
basketball here, Mr. Commissioner, which I can't
understand, but the point is nonetheless made indirectly
through this humorous vehicle that athletes, to this
point, have borne the full force of sanctions and clearly
10 those who have been involved perhaps in the provision, the
counsel, the prescription, the administration of these
products to athletes, have escaped scrutiny, have escaped
sanction.

 That has been of tremendous concern to us on
15 the National Advisory Committee and I think that you will
hear more about attempts that we have made to try and
redress that situation.

 In concluding, a comprehensive approach to
the problem of drug abuse in sport must include education,
20 as we've heard, some element of research both in the areas
of the detection of banned substances, research in the
area of alternatives to drugs as enhancers of performance,
the development and the provision of programs of testing
with the appropriate -- with the development and the
25 application of appropriate deterrents and sanctions and,

finally, advocacy.

And advocacy, I think, is a most important component. I think that sport needs people to be speaking out forcefully and strongly about the development and the maintenance of appropriate sporting values.

Advocacy, on a international level, to ensure that other nations, another sports organizations, other federations are as resolute in trying to deal with this problem as we, in Canada, have been trying.

Advocacy from and among athletes who can be the most powerful spokespersons for drug-free sports. We'll hear again of some of our activities in this area.

We've already heard that Sport Canada, in 1983/84 developed a national policy which required all national sport organizations to develop a plan for their sport to eradicate improper drug use, not only by athletes, but by sporting -- sport support personnel.

Those governing bodies were asked to develop a plan for regular testing, develop educational programs. And within their relationships with International Federations and international sports organizations, to be seen -- to be lobbying for the development of approaches to this problem which would ultimately result in the eradication of drug use in sport.

I think as physicians, and as a physician

who has been involved with elite sport, who comes to this problem, if you will, not as a doctor but as one who has been involved as a volunteer with elite international sport for several years, who is also a physician and brings a physician's perspective, the sports medicine practioners, if I may use that term, have a particular and a special responsibility in this area.

Phillipe Pinel observed as far back as the 18th Century:

"There is an art of little no important to administer medicines properly but it is an art of much greater and more difficult acquisition to know when, all together, to omit them"

which is advice which is particulary appropriate for a physician caring for, counselling for and prescribing for athletes in an athletic situation.

I think we also have to be concerned about what the future brings in this area. And in an article that -- an article that I wrote in 1983, I said that the problem of drug abuse in sport was much like the problem of the population explosion. Everybody said that it was going to happened tomorrow when, in fact, it happened yesterday.

And if we're to deal intelligently with this

problem, we have to be looking ahead to try and anticipate what the problems will be in the future and to ensure that we are, in fact, prepared to deal with those particular problems. We will talk about this in the next few
5 minutes, as well.

Clearly there are changes in the pharmaceutical industry, the research industry that mean that there are products and processes which may lend themselves to abuse in athletic situations which we must
10 be aware about and which we anticipate problems with.

I have a great deal of concern about sport. I believe passionately, and I do not apologize for that passion, in the value of sport as being a major cultural force in our society. I think that we have, in our
15 community, not viewed sport as a cultural force. There is an unfortunate tendency on the part of many people to view sport as some kind of anti-intellectual sandbox in which people go off and play games.

Failing to recognize the tremendous value that sport has in terms of uniting the culture, in transmitting certain cultural values and so on. And it's that belief in sport in that positive sense which I think has fuelled my involvement in sport and certainly added to my concerns insofar as this particular issue is concerned.
20

25 We do not fund sport in this country to the

extent that we fund other cultural activities and I do not wish to diminish the importance of those other cultural activities in Canadian society.

But if there is any force that allows a
5 stockbroker to work with steel worker, that allows a man in the street in Kelowna to talk to a man in the street in Consecon, Ontario; it is sport. It is not necessarily drama, theatre, ballet, opera or art, even though those, of course, are tremendously valuable cultural forces.

10 And, therefore, this is an area of activity in our society which is worthy of protection. And To the extent that young people who are attracted to and encouraged to participate in sport for all of the tremendously positive things that can flow from sport,
15 maybe at some point, tempted, exposed to, encouraged to participate in drug abuse practices in the pursuit of their sporting activities, that I think we have a very sad and very unfortunate situation, indeed.

20

25

We have to ensure the integrity of that cultural force of the sporting institution and organizations of which we are a part just as we have to ensure the security of major games with which was -- which was concept that I opened this presentation with.

In some cultures, Mr. Commissioner, it has been accepted that certain individuals will live a life that is completely unlike the lives of many others, other members of that culture or that society.

THE COMMISSIONER: Those are Sumo wrestlers?

THE WITNESS: These are Sumo wrestlers who adopt a certain body build, a certain body type. And I don't wish to make judgment on that particular cultural process, but I provide this illustration as an illustration of the fact that unless we are very careful, we may very well be inducing the development of a certain culture of athletes who participate in practices, who participate in activities, who consume substances or compounds which produce changes in their body dimensions and changes of their body functions and which ultimately may jeopardize their health. And I think we have to be very clear about what may be happening in certain areas of sport to this extent. That is a cause for some concern.

Ultimately it must be realized that

staying in the game, any game, means playing by the rules. And to the extent that the rules have been developed, distributed, or in so many sporting situations to violate those rules is cheating and it's absolutely nothing more
5 and nothing less. And I think that we have to regard that as being such. And unfortunately there may have been a tendency to regard activities in the drug sport area as being evidence not of cheating but of some sophisticated application of techniques and knowledge designed to ensure
10 success. And people have rationalized that activity along those lines. I think we always have to remind ourselves of what is represented by these activities.

Finally, and at the risk of seeming overly philosophical, I think Emerson pointed out many
15 years ago that every man takes care that his neighbour shall not cheat him, but a day comes when he begins to care that he does not cheat his neighbours. Then all goes well. I suppose this is an Emersonian modification of the golden rule, but until we reach that time in sport, until
20 people who are serious practioners of sport understand their ethical responsibilities not only to themselves but to the sporting community of which they are a part and to the greater community that they represent, then we will, I would suggest, still have these particular problems.

25 I want to stop there, Mr. Commissioner.

I have attempted to provide a broad overview of this problem and place some of the issues in some context.

THE COMMISSIONER: Thank you, very much.

THE WITNESS: I will conclude this at this point.

MR. PROULX: Thank you.

As a very useful summary, Mr. Commissioner, I would like to draw your attention to an article which is signed by Dr. Pipe entitled Drug Abuse and Sport, which I would like to mark as Exhibit 45.

THE REGISTRAR: 45, Mr. Commissioner.

THE COMMISSIONER: Thank you.

--- EXHIBIT NO. 45: Article entitled "Drug Abuse and Sport" by Dr. Andrew Pipe,

MR. PROULX:

Q. Dr. Pipe, coming back to the function and the mandate of the Advisory Committee, I don't think we did underline yesterday the fact that this Committee is independent from the government and is, in fact, and I want this to be very clear for the record, is a branch of the Sport Medicine Council of Canada; am I right?

A. That's correct.

Q. And as such, as Chairman or a Member of

this Committee you are not an employee of the government?

A. That's correct.

Q. In fact, you do it on a volunteer basis?

5 A. That's correct.

Q. And you are not paid in other words to exercise this function?

A. That's correct.

Q. I would like now to discuss with you
10 the specific part of the mission of this Committee
vis-a-vis the athlete. And I would ask you to elaborate
on the measures --

THE COMMISSIONER: Well, Mr. Proulx, you
have marked this as Exhibit 45. Is this for filing or --

15 MR. PROULX: Yes. In fact, as I said, Mr.
Commissioner, this is a very useful summary of what we
heard yesterday and this morning.

THE COMMISSIONER: Thank you.

MR. ARMSTRONG: On the main issues, why is
20 doping banned.

THE COMMISSIONER: Thank you. No, I have
it, I read it. Thank you.

MR. PROULX: Thank you.

THE COMMISSIONER: I am sorry, I
25 interrupted, I didn't hear the question.

MR. PROULX: No, that's all right.

THE COMMISSIONER: What was the question,
Mr. Proulx.

MR. PROULX: My main question, Dr. Pipe, is
5 related to your past interventions vis-a-vis the rights of
athletes, care which is taken vis-a-vis the athletes.
Could you elaborate on this please.

A. Well, I think certainly a guiding
principle of our Committee's activity from it's inception
10 has been that we are there to serve athletes, to ensure
that their rights are protected, their rights to fair
competition by trying to deal with the problem of drug
abuse in sport, and their rights of due process to ensure
that the procedures that we developed and implemented
15 safeguarded their rights, to ensure that they were not
subject to arbitrary or indiscriminate accusations.

I think a driving force has been that
concern that we are there to serve athletes, not to be
there as some form of drug police. Clearly, we have had
20 an involvement in and a responsibility to develop the
procedures, testing procedures, but that our concerns are
greater than that. And I think the constituency of that
Committee, the constituents of that Committee, are all
people drawn from the world of sport in one way or another
25 and have that concern with sport and the welfare and well

being of athletes as their prime concern.

Q. As a very good illustration, I think I would like to refer you now to this submission which was made on behalf of the Committee.

5 This is, Mr. Commissioner, this present document entitled Norethindrone Containing Compounds and the Female Athlete.

Can you put this in context and tell us exactly what was the degree of your intervention regarding
10 this specific issue here?

A. Perhaps one way to do that might be to refer to the doping updates, which I think ---

MR. PROULX: Which is Exhibit 44.

THE COMMISSIONER: May I have Exhibit 44,
15 please?

THE WITNESS: The doping control updates, as we discussed yesterday, are designed to sensitize the athletic community and those concerned with this issue about changes, developments in the area of drug abuse in
20 sport. And the issue number 1, dated July 1987, points out that in February 1986 the IOC Medical Commission recommended that Norethisterone or as it is sometimes otherwise known Norethindrone be added to the banned drug list.

25 Let me just say that Norethisterone is

a constituent of oral contraceptives, and in fact is the principle constituent of the most commonly used oral contraceptives in North America and in Western Europe.

5 It is broken down in the body into metabolites. That is the parent chemical compound is transformed into another chemical compound. I am sure you will hear more about this from scientists in this area, but simply put that metabolite is identical -- is the identical metabolite of an anabolic steroid. And hence
10 the rationale was that by being able to detect that individuals might use Norethisterone to conceal anabolic steroid use, and that the use of Norethisterone would cloud the ability to detect anabolic steroid use because of this presence of a metabolite in common. I hope I have
15 not added confusion to that issue.

We had a number of concerns about this. We communicated directly with the IOC Medical Commission and pointed out our concerns. And those concerns, simply put, were this: here was a chemical compound which was a
20 major constituent of very commonly used oral contraceptive which was in use by large numbers of woman in North America and in Western Europe. And presumably, therefore, also by numbers of female athletes in those areas. And it seemed to us that it was unfair in some respects to say
25 that the reproductive well being, if I can use that term,

that is the ability of female athletes to use this particular product was now being jeopardized by a decision that tended to infringe in an area of the legitimate medical use of a drug, i.e., should hundreds, potentially thousands of female athletes be compelled to change their form of oral contraceptive, to stop using an oral contraceptive, whatever the particular situations might be, if they were to wish to continue to involve themselves in athletic competition.

This created a dilemma, a dilemma which I think you can begin to understand. Because I think it's very important, again, perhaps, almost a fundamental principle that if we were to be successful in dealing with the problem of drug abuse in sport, we must at the same time ensure that we have support of the most important people in sport, namely the athletes. And to the extent that procedures and policies seemed to be capricious or arbitrary so that support may or may not be undermined and that is of fundamental importance in trying to deal with this issue.

With that in mind, we set about, the Committee and myself, set about looking into this further, and asked for, and subsequently received, permission to make a submission to the IOC Medical ---

THE COMMISSIONER: Did this arise out of a

case, was somebody found ---

THE WITNESS: Historically, there had
been ---

THE COMMISSIONER: --- to have a positive
5 reading?

THE WITNESS: I think historically this
arose out of the realization by a European laboratory ---

THE COMMISSIONER: I see.

THE WITNESS: -- that the use of these
10 drugs was producing this metabolite.

THE COMMISSIONER: Would result in this
finding?

THE WITNESS: That's right.

THE COMMISSIONER: Thank you.

15 THE WITNESS: So, we applied for or
requested permission to appear to make a presentation on
this particular issue. And I then contacted a number of
distinguished scientists in the field of reproductive
endochronology, a number of physicians who had been
20 involved closely in sport, a number of physicians who in
fact were former female athletes, and requested them to
make submissions on this particular topic. These
submissions were then preceded by myself, and the
document, which Mr. Proulx has referred to, was prepared.

25 MR. PROULX: Which I would like now, Mr.

Commissioner, to mark as Exhibit 46.

THE REGISTRAR: 46.

5 --- EXHIBIT NO. 46: Article entitled: Norethindrone
(Norethisterone) Containing Compounds
and the Female Athlete, by
Andrew Pipe, M.D.

10 MR. PROULX: The names of the specialists
consulted appear, Mr. Commissioner, in the Appendix A.

THE COMMISSIONER: All right.

15 THE WITNESS: I think the rationale for
this is best summarized by quoting from page one of that
document, the second paragraph, which says in the
submission to the Medical Commission:

20 "Our committee is charged with ensuring
that all members of the Canadian sporting
community are aware of, understand and obey
the rules against drug abuse in sport. At
the same time we have a responsibility to
ensure that such rules are appropriate in
their context, consistent with contemporary
scientific developments, and do not
25 jeopardize the well-being of our athletes.

"We are also responsible for conveying to athletes and their training staff such changes, as may occur from time to time, in IOC policy pertaining to drug abuse in sport."

Continuing on we are:

"...concerned that the decision to ban the use of Norethindrone...may adversely affect the reproductive well-being of some Canadian women athletes, and may significantly damage the credibility of drug testing programs in the eyes of many in the athletic community."

We went on to develop our arguments and made this presentation to the Commission.

At the same time, Dr. Don Catlin of the United States, made a submission suggesting that it was possible using refined laboratory techniques to in fact distinguish between those who were using Norethisterone containing oral contraceptives and those who were using, in fact, anabolic steroids.

Suffice it to say that the combination of our presentations and, of course, the wisdom represented in that Committee brought to bear on this

issue resulted in, as we track this issue through the
doping control updates, for instance, resulted in the fact
that this proposal was subsequently rescinded and
Norethisterone was not added to the list of banned drugs
5 of the IOC.

And I think this demonstrates the
extent to which we were prepared to ensure that we were
actually representing and reflecting a concern for the
rights of athletes.

10

MR. PROULX:

15

Q. In the same vein, Dr. Pipe, I would
like to refer you to the next document which reads --
which issued from Sport Medicine Council of Canada, which
is a memo to Executive and Technical Directors, from
Andrew Pipe, M.D, dated December 15, 1987. I want to draw
your attention to the first paragraph of this memo.

THE COMMISSIONER: I am sorry, I don't have
it.

20

MR. PROULX: I am sorry,

THE COMMISSIONER: Okay.

25

THE COMMISSIONER: Yes. Thank you.

MR. PROULX: Thank you.

MR. PROULX:

5 Q. I think the first and second paragraphs
tell us what is ---

THE COMMISSIONER: I'm sorry, what is this
about, Mr. Proulx?

10 MR. PROULX:

Q. Exactly. Well, Dr. Pipe, would you
elaborate mainly on the expert advice which is suggested
here?

15 THE COMMISSIONER: I don't understand, how
does this arise? What is this about?

THE WITNESS: Well, if I may, Mr.
Commissioner, I think we recognized that there were
circumstances that might occur around the world in
association with testing where Canadian athletes were
20 involved in a drug testing, drug analysis situation that
may or may not be reflective of standards that...

THE COMMISSIONER: That we apply here?

25 THE WITNESS: That we apply here. That may
reflect an approach to testing that is not consistent with
what we experience here and that in terms of both the

conduct of the testing, the analysis of the test samples and the interpretation of the results of that analysis, that Canadian athletes should be accorded access to those who are in a position to advise them objectively and with a view to protecting their rights in those particular situations.

We had experience in Pan American Games in the summer of 1987 where such a situation arose, where a Canadian athlete was found to have a small amount of an ephedrine-like substance in her urine.

These classes of compounds are commonly, Mr. Commissioner, in cold medications and, in fact, this was the source of this particular compound. The use of this drug had been declared. The level of this compound was not compatible with a level which would produce any accenuation of her performance and through the co-ordination of medical officials involved with the Canadian team at that time, including myself, with representatives from the Canadian Olympic Association and from people from Sport Canada and with resources such as are represented by Dr. Dugal at the INRS, we were able to discuss this situation and resolve that situation to the satisfaction of the athlete and ensure it in that way, that we protecting the rights of the athlete.

It became clear that this was something that

we should consider -- we should make sure that people understood our willingness to do this. And hence, this memo which went to all the National Sport Organizations which says, in a nutshell, that if Canadian athletes, at any time, find themselves involved in drug testing, drug sanctions situations, that we will endeavour to provide them with expertise and advice, anywhere in the world, within 24 hours or an approximation thereof.

Than pointed out that we had a phone number that could be accessed 24 hours a day and so on.

And I think this again is the demonstration of the degree to which we are concerned that we be seen as protecting our athletes' rights.

THE COMMISSIONER: So the assistance that you are giving is as much assistance as possible be given to ensure that the testing is carried out in the appropriate manner and that subsequent interpretation of the testing also occurs in a responsible manner. Is that the help you are giving?

THE WITNESS: That's correct. I may say, my own experience in this regard, Mr. Commissioner, has been that particularly when one moves out of North America, that one finds at some times and in certain places that a concern would not be given in the way that we would be happy with.

The security of the sample, to the processes during which that -- that are operating during the time that that sample is collected and secured.

I'm not referring now to major games, as
5 such, but we have to recognize that Canadian athletes are virtually constantly travelling around the world, competing in a variety of countries and in a variety of competitions in which drug testing is a part.

I have been, by way of example, involved in
10 situations in which the sample is secured by wrapping it in a box with brown paper, tying it with string and applying sealing wax and, by a rather lurid example of the problems that can emerge, is that I was present at one occasion when the whole sample was set on fire, as a
15 consequence of this kind of approach to the development of a secure urine sample, and we want to be sure that our athletes are protected in situations like that, where there are clear questions that can be raised about the degree to which testing is conducted.

20 MR. PROULX: I would like, Mr. Commissioner, to mark this memo as Exhibit 47.

THE REGISTRAR: Exhibit 47.

--- EXHIBIT NO. 47: Memo dd. December 15, 1988

MR. PROULX:

Q. I would like now to bring your
attention to a letter dated May 18, 1988 which was
addressed to Dr. Jack Taunton by you. Could you -- do you
5 have this letter with you?

A. Yes, do I.

Q. Which I would like to mark as Exhibit
48?

10 --- EXHIBIT NO. 48: Letter dd. May 18, 1988

MR. PROULX:

Q. Before we go to the letter, could you
maybe brief us as to the context in which this letter was
15 sent to Dr. Taunton, who is -- who was then the Chairman.
Is he still the Chairman?

A. That's correct.

Q. Of the Sport Medicine Council of
Canada?

20 A. In the early part of 1988, and I'm not
particularly sure of the exact dates here, but it would
have been the spring of 1988, the Canadian Press carried a
story which received wide distribution both in Canada and
was subsequently carried, I believe by Reuter's, in
25 Europe, relating to comments that were attributed and, I

think that's the operative word, to Dr. Bill Stanish, who is a colleague, a very distinguished practitioner of sports medicine and who was and became the, at that time, the chief medical officer of 1988 Summer Olympics team.

5 These articles were very often accompanied by very lurid headlines and we recognize that headlines are not necessarily the responsibility ---

 THE COMMISSIONER: Dr. Stanish is part of Medical Commission of Canada, did you say?

10 THE WITNESS: Dr. Stanish is a member of the Canadian Academy of Sport Medicine and therefore is part of that umbrella group of the Sport Medicine Council.

 And I should point out that Sport Medicine Council recommends or appoints physicians and other health professionals to the major games, teams, and in this instance, the Canadian Olympic.

15 THE COMMISSIONER: What was he in the Olympics?

 THE WITNESS: He was the chief medical officer.

20 THE COMMISSIONER: For the Canadian Olympic team.

 THE WITNESS: For the Canadian team, that's correct. Oh, yes, this article appeared both in Canada and abroad ---

25

THE COMMISSIONER: Do we have a copy of that article that was commenced on?

MR. PROULX: We don't. It's -- we ---

THE COMMISSIONER: We'll find it someplace.

5 THE WITNESS: We have copies of that article.

MR. PROULX: You do?

THE WITNESS: Of the articles, I should say.

10 THE COMMISSIONER: The article that we are commenting on, I think would be helpful.

THE WITNESS: Yes. Subsequent newspaper articles carried comments from Canadian athletes. The gist of the article was that there was an epidemic of drug abuse in Canadian sport and this was often accompanied by headlines, "Drug Free Sports".

15

THE COMMISSIONER: Who was this attributed to.

20

THE WITNESS: These comments were attributed to Dr. Stanish.

THE COMMISSIONER: I see.

25

THE WITNESS: Subsequent newspaper reports carried the comments of Canadian athletes who suggested that they were upset about the tone of the remarks, as they had been reported, that it implied that there was a

suspicion that large numbers of Canadian athletes were involved in drug-taking activities and it cast their participation in sport and its potential members of the Olympic team in a bad light.

5 These concerns were raised at a meeting held on April the 28th, 1988 of our committee and I was instructed at that time to write a letter to Dr. Jack Taunton, the Chairman of the Sport Medicine Council, expressing our concern about those statements.

10 And underlying those instructions was a concern that, again, we should be seen to be acting on behalf of athletes and acting to counter the unfortunate impression which is very often developed that a large numbers of Canadian athletes are involved in sport. And
15 the letter therefore, if I may read it?

Q. Yes?

A. It says;

"Dear Dr. Taunton: At a meeting of the National Advisory Committee on Drug Abuse
20 in Amateur Sport held in Ottawa in April 28, 1988, I was instructed to write to you concerning the Comittee's concern about recent statements attributed to Dr. Bill Stanish, the Chief Medical Officer of the
25 1988 Summer Olympic team.

As you may be aware, widely circulated newspaper articles carried statements attributed to Dr. Stanish about the dimensions of the drug and sport problem and the use of drugs among athletes in Olympic Games.

The articles in question appear to originate with a Canadian Press story filed in Halifax. The story received widespread distributed carried by the Reuter's News Agency throughout Europe.

The committee was concerned that Dr. Stanish's comments, if accurately reported, identified as they are with Canada's Olympic program, may provide the wrong impression about Canada's desire to deal with the problem of drugs abuse in sport and reflect adversely on the reputation of the majority of Canada's Olympic athletes.

The committee is very well aware of the problem that can occur with misrepresentation and misreporting of remarks.

But nonetheless it was concerned that the "amplified status" that occurs when

remarks are attributed to a medical official of the Canadian Olympic team is of significance and merits clarification."

5 And I think that explains the context in which that letter was written.

If I may, I am quite convinced personally that the story did, in fact, represent -- misrepresent the remarks as they were conveyed by Dr. Stanish.

10 Dr. Stanish is a widely-respected sport medicine practitioner, both nationally and internationally, and has a sensitivity to this issue which reflects his experience in sport.

15 Nonetheless, the concerns raised at that committee were such that I was instructed to and did write this letter.

20 Q. Thank you. Now, Mr. Commissioner, I'd like to pass to another subject which is testing and I would like to go back to Exhibit 37 which is the policy update, the Sport Canada Policy Update on Drug Use and Doping Control, and bring your attention, Dr. Pipe, to page 3. I'm referring to the bottom of page 2.

25 We refer to obligations of athletes and national sport organizations and this paragraph one, Section B, we refer to this plan which must include, and B I read;

"And operational plan for regular testing of Canadian athletes at major competitions and during training periods with a view to eliminating the use of anabolics and related compounds and the use of other substances on the list of banned drugs at or near the time of competition."

Since there were many references in the past days to the terminology, I think we should make sure that we understand exactly what we mean, what was meant then, as to the time of testing or the period of testing and why then was it believed that it should be done at major competitions and during training periods and not, for instance, out-of-competition and without prior warning, for instance?

A. Well, I think ---

THE COMMISSIONER: I don't know whether anybody has said that it shouldn't be done that way, have they? I don't think anybody has said it should not be done.

MR. PROULX:

Q. I said, Mr. Commissioner, that at the time of the policy, it was believed that the testing should be done at major competitions and during training periods.

We know that eventually the situation evolved and it was thought, as it was said and Dr. Pipe will testify on this today, it was then believed that we should look forward to a system which would allow testing without prior notice, for instance.

THE COMMISSIONER: All right. Because the B doesn't speak of notice yet, all. B doesn't speak of notice, I don't think, at this class, am I right?

THE WITNESS: No, it doesn't.

THE COMMISSIONER: You go ahead, Dr. Pipe?

MR. PROULX:

Q. So, Dr. Pipe?

A. I think one must understand that we were, back in '83, '84, trying to implement and develop a program of drug testing in Canadian sport or Canadian sport involving the athletes supported by Sport Canada.

And there were certain practicalities that obviously had to be realized and met. Some of those -- some of the concerns we've heard about, the fact that athletes are scattered both across the country and around the world.

The fact that there are significant costs associated, as we'll hear, with the operation of drug testing and procedures. And logistical, practical

considerations dictated that we should begin our testing program by testing at regularly scheduled competition and/or training camps or training sites when athletes were brought together in groups and under those situations.

5 Q. Was it here -- is it implicit that the athletes were tested at random or were all the athletes at training periods be tested, for instance?

 A. No, and I again I think it's important to understand that the responsibility for the identification
10 and selection of athletes who are tested rests with the national sport organizations and so there are good reasons for that.

 The rules of competition in certain sport federations dictate that certain competitors must be
15 selected, for instance, for testing. But a principal that we've constantly seminated is that apart from those situations where regulations specifically provide for the -- for the testing of, say, finishers, one, two, or three, or medalists or anybody who sets a world record or
20 anybody who sets a national or continental record, that the selection of athletes must be on a process that is randomized, that is non-arbitrary.

 Q. Now, we will come to, eventually, the problems which incurred in the application of these plans
25 but, before that, I'd like to come back to the contract.

The number of tests under this agreement between the SMCC, as we said yesterday, the contract provided a certain number of tests a year and could you elaborate on this, please?

5 A. The contract as it was signed allowed for the conduct under the terms of that contract of up to 1,200 tests per year.

Q. Now, we know that the ---

10 THE COMMISSIONER: What's the cost of that, have you any idea?

THE WITNESS: Off the top of my head, Mr. Commissioner, I can't, but it's in approximately the neighbourhood of, depending upon the particular year, of anywhere from \$400,000 to \$450,000 or \$460,000.

15 THE COMMISSIONER: For 1,200 tests?

THE WITNESS: That's correct. But it's important also, I think to ---

20 MR. PROULX: Maybe to answer the question, put by the Commissioner, we should refer you immediately, Mr. Commissioner, to this document which is entitled, 'Anti-Doping Program Budget'.

THE COMMISSIONER: We had those figures before. I didn't realize that that really all went really to the lab in sense. Is that where it goes, Dr. Pipe?

25 MR. PROULX: The one that you have now, Mr.

Commissioner, is an update. But this one here, I'd like to draw your attention first to this one which gives us -- we should use this one then that you have and, in fact, we have for the year 1984 ---

5 THE COMMISSIONER: Which one do you have?

MR. PROULX: I'm sorry, this one here.

THE COMMISSIONER: I've got Anti-Doping Program, Budgets, Submission of Sport Canada.

10 MR. PROULX: That's right. That is the update document which we did not have yesterday but which you provided to us this morning and which I would like to mark as Exhibit 49.

MR. McCREATH: Which one is this?

MS. CHOWN: That one here.

15 MR. McCREATH: That's one you got today. You didn't put that in as an exhibit.

--- EXHIBIT NO. 49: Anti-doping Program Budget of Sport
Canada 1982 - 1989

20 MR. McCREATH: No no, the other one.

MR. PROULX:

25 Q. So on this Exhibit 49, we have the precise answer to the question which was just put to you,

that in 1984, the INRS contract cost \$390,000.

THE COMMISSIONER: Well, is that right? I didn't think you used up all the -- am I wrong? I thought you had the contract which would give you 1,200 tests but
5 you didn't have 1,200 tests those years.

THE WITNESS: The contract calls for up to 1,200 tests.

THE COMMISSIONER: That would cost \$400,000, I guess?

10 THE WITNESS: That's correct, as well.

THE COMMISSIONER: But you're only spent \$68,000, say, in 1985/86, is that right?

MR. PROULX: I'm sorry, Mr. Commissioner, we're not there yet.

15 THE COMMISSIONER: Okay.

MR. PROULX: If you allow me....

MR. PROULX:

Q. If we forget these two other amounts,
20 these two other columns, if we stick under the last one, I mean on the right-hand side, these amounts, which -- these figures which we have for the respective years, are the amounts which were paid for the allocation of the 1,200 tests, right?

25 A. Yes, but I would, once again, like to

point out that the contract provided not only for the
conduct of up to 1,200 tests, but also for the support of
the provision of purchase of equipment, of supplies, the
development of some research activity, et cetera, et
5 cetera.

Beyond a certain number of tests that the
costs tend to remain fairly stable and so, one should not
make the mistake of dividing this figure by \$1,200 and
saying that is per se the cost of a test.

10 THE COMMISSIONER: Well, I don't understand
this. In 1984/85, did you actually pay INRS \$390,000 or
is that the contract which would -- I thought Miss Hoffman
said that in '84 you didn't really use up the total of the
1,200 tests.

15 THE WITNESS: But irrespective of whether or
not those 1,200 tests were used up, Mr. Commissioner, the
contract was for the conduct.

MR. PROULX: A fixed price?

THE WITNESS: A fixed price of up to ---

20 THE COMMISSIONER: Up to 1,200?

THE WITNESS: That's right.

THE COMMISSIONER: Thank you.

MR. PROULX:

25 Q. In fact, Dr. Pipe, in none of these

years were the allocated amount of tests used, right?

A. That's correct.

Q. Now, since we are looking into this document, we have other figures which bring us to a
5 totally different issue which is your own budget, right,
independently of the INRS contract?

A. That's correct. If I may, we -- it's very important to understand that when Sport Canada speaks of X hundred thousand dollars, that the vast majority of
10 that money is involved in the contract with the INRS.

A very small proportion, very much smaller proportion, is actually provided to the SMCC to carry out the administrative, logistic, organizational service kind of functions and to support the activities of our
15 committee.

Q. And for that specific task, this is the amount -- these are the amounts that you requested and the amounts that you received during all these years?

A. That's correct.

Q. Is there a reason why, on your part --
20 pardon me -- you could not or you did not make sure that all the tests were used, allocated in the contract?

A. As you recall, Sport Canada requires the national sport organizations to submit a plan each
25 year for their testing activities in their particular

sports. That plan, as we discussed, must include education, advocacy, et cetera, and the conduct of tests.

Those plans are called for from the National Sport Organization each year and are returned to Sport Canada who reviews them. I think it's important to understand that our committee, the Sport Medicine Council Committee, has no ability to suggest, coerce, compel national sports organizations to...

THE COMMISSIONER: To test individuals.

THE WITNESS: To test an individual or -- I mean, I think obviously there's been a spirit of co-operation. We're there to provide advice and guidance and support.

I mean, our fundamental responsibility is to ensure that the materials, the services, the equipment, the analysis of these tests are carried out and the consequences of those test analysis are then communicated to the national sport organizations. We guarantee anonymity and so on.

Those particular plans which would include the number of tests planned for in a particular year would be returned to Sport Canada for their review. I think it fair to say that the number and nature of testing in sports has from time-to-time been discussed in our advisory committee in very general terms.

Obviously, there are some sports where the problem is not perceived to be a problem, where it would be inappropriate use of tests to conduct large number of tests. Clearly there are also, on the other hand, sports
5 where the problem is perceived to be greater than others and where it makes sense to allocate tests.

Q. At this stage, Mr. Commissioner, I find -- I feel it would be very important to the Commission that Dr. Pipe would now testify as to the
10 procedure which was -- which was supposed to be applied as to the collection of the sample and the instructions given and so on, because, for instance, when we will resume on February the 1st with the weightlifters, we know that many of the athletes and other witnesses will talk about the
15 practical problems and related issues as to collecting the sample, et cetera.

And I think it would be important now that we have this on the record. Now, Dr. Pipe, has a video.

THE COMMISSIONER: Are we talking about the
20 current procedures in Canada?

MR. PROULX: Yes.

THE WITNESS: That's correct.

THE COMMISSIONER: And were they in effect when the weightlifters were tested on the way to Seoul?
25 They were disqualified before they got there?

THE WITNESS: Yes, they were.

THE COMMISSIONER: All right.

MR. PROULX: I would need a couple of
5 minutes in order to organize this.

THE COMMISSIONER: Fine. We'll adjourn
for -- let me know when you are ready, okay?

MR. PROULX: Okay.

10 --- Short adjournment

15

20

25

--- upon resuming.

THE COMMISSIONER: I should say, Dr. Pipe,
that I have been corrected, that was the Incredible Hulk.
5 And I should never comment or debate with a expert.

All right.

MR. PROULX:

Q. Dr. Pipe, before we proceed to the
10 viewing, maybe you should, for the record, tell us exactly
about this -- I am sorry. Before we proceed to the
viewing, maybe you should tell us about, for the record,
about this video and when it was prepared and under which
authority?

15 A. This is a videotape that was prepared
by the Sport Medicine Council in 1985. It was designed to
very methodically demonstrate the manner in which testing
should be carried out at particular venues. In
particular, the way in which forms, bottles, envelopes,
20 documents, and so on should be prepared. It was in fact
an educational resource for the national sports
organizations to assist them in the conduct of the tests
that they carried out.

I should also, in fairness, say this is not
25 a professionally-prepared video and uses the volunteer

skills of people who were involved with national sports organizations and the Sport Medicine Council at that time.

MR. PROULX: So, maybe we should proceed, Mr. Commissioner.

5 THE COMMISSIONER: Thank you.

THE WITNESS: This is a bit of an intelligence test here.

--- Videotape played.

10 THE COMMISSIONER: Thank you.

Do you have the cassette?

MR. PROULX: Yes.

15 THE COMMISSIONER: Perhaps we will mark that because the ---

MR. PROULX: We will -- I suggest we mark the cassette.

THE COMMISSIONER: Yes, because we don't that down.

20 MR. PROULX: That's right, as ---

THE REGISTRAR: Number 50.

MR. PROULX: So, that will be produced.

THE COMMISSIONER: All right.

25 --- EXHIBIT NO. 50: Videotape.

MR. PROULX:

Q. Dr. Pipe, I think it would be practical
at this stage to produce as exhibits these items and maybe
5 we should start the way and use the same terminology.

First of all, the collecting vessels?

A. These are the collecting vessels.

Q. So, I suggest ---

THE COMMISSIONER: Perhaps, we make that
10 all one exhibit, I think.

MR. PROULX: We should in one exhibit. And
then we have number 2, the sample bottles, you have four
of them here?

THE WITNESS: That's correct.

15 MR. PROULX: We have the plastic bags
somewhere, yes, inside. Then the forms. We have here the
Envopack, Mr. Commissioner, the two Envopacks. The
plastic lock, which is this.

THE COMMISSIONER: All right.

20 MR. PROULX: The evidence tape, the signs,
and the large bag. So, I think we should all put this ---

THE COMMISSIONER: What's that one bottle?
I don't think you have identified that, what's that?

THE WITNESS: These contain Labstix, Mr.
25 Commissioner, and by dipping these in the urine and

comparing them to a color code, and this is very standard biochemical, simple biochemical test, you can determine what the specific gravity of the urine is, that is whether it's very diluted and very concentrated.

5 THE COMMISSIONER: Where is that used?

THE WITNESS: At the time of the collection of the sample.

THE COMMISSIONER: Because we didn't see that on the video.

10 THE WITNESS: No. There is reference made to that in the procedure.

THE COMMISSIONER: Why is that done?

15 THE WITNESS: That is so that -- we want to be sure that the samples that we get are in fact not pure water.

THE COMMISSIONER: I see.

20 THE WITNESS: That is tremendously dilute, and so by measuring the specific gravity we can assess the validity of the sample at the time of it's detection if the urine is too dilute.

THE COMMISSIONER: It has to be redone?

THE WITNESS: That's correct.

25 And more more importantly with this we measure the ph, the acidity or alkalinity of the urine, because the excretion of drugs in urine -- in the urine

can be enhanced or retarded depending upon the acidity or alkalinity of the urine. Thus it is possible for somebody to manipulate their urine, create either an acidic or alkaline, in which the excretion of certain compounds might be inhibited, and thereby attempt to evade detection.

THE COMMISSIONER: That's done in this doping station?

THE WITNESS: That's correct, with these Labstix. So that we are sure of the status of urine from the point of view of its ---

THE COMMISSIONER: That's before it's put in a bottle, I gather?

THE WITNESS: That's correct.

THE COMMISSIONER: Fine, thank you.

MR. PROULX:

Q. Thank you.

Dr. Pipe, maybe we should now pass to another document that you prepared for us?

A. If I may ---

Q. Yes, I am sorry?

A. I think it is important to make just a couple of comments. That videotape as I mentioned was prepared in 1985, and there have been, as we have

experienced certain problems, some modifications to that process. We no longer, for instance, use the heat sealed particular bag. We had problems having the heat sealers returned. We, therefore, now just seal the plastic bag and just in an ordinary plastic bag. We do not provide alcohol as a means of facilitating urine production in these venues

THE COMMISSIONER: You mean beer?

THE WITNESS: That's right. And the reference to the -- reference was made in the tape to diuretics. And I think that's important to recognize that that was a general term as being anything that can --

THE COMMISSIONER: Any liquid, water?

THE WITNESS: -- help to produce urine. I think you have got a feel from this video of the care and concern that must be a part of taking a urine sample if subsequent analysis is to be valid. And I must emphasize that at major games, Olympic Games, Pan American -- major championships and so on, particularly the Olympic Games, that these procedures are followed very rigorously and very rigidly.

MR. PROULX: Mr. Commissioner, I would like to mark this exhibit, the blue bag and its content, as --

THE REGISTRAR: 51.

MR. PROULX: -- 51, which will we will

produce.

--- EXHIBIT NO. 51: Blue bag and contents.

5 MR. PROULX.

Q. I was just saying, Dr. Pipe, that you prepared for us a document of three pages which reflects the problems which have been incurred in the application of the procedures. This is a document dated --

10 THE COMMISSIONER: It's not dated, I don't think.

MR. PROULX: I am sorry, it's not dated, but it was recently done, which I would like to mark as exhibit --

15 THE REGISTRAR: What is its heading?

MR. PROULX: Doping Control Problems.

THE REGISTRAR: 52.

THE COMMISSIONER: Whose document is this? Dr. Pipe, is that yours?

20 THE WITNESS: Yes, it was a document prepared by the Sport Medicine Council in the latter part of 1988.

THE COMMISSIONER: Latter part of '88?

THE WITNESS: Yes.

25 THE COMMISSIONER: Thank you.

--- EXHIBIT NO. 52: Document entitled "Doping Control
Problems" by the Sport
Medicine Council

5

MR. PROULX.

Q. Could you --

THE COMMISSIONER: I guess this is what
comes back? The lab must report this to you because as I
10 understand the completed sample goes directly to the lab.
And how would you know if something would be wrong with
the test? Was that in the report you get?

THE WITNESS: Yes.

THE COMMISSIONER: In other words, how did
15 you find this out?

THE WITNESS: Yes, we receive
correspondence obviously all the time from the laboratory
specifically with the results of the tests.

THE COMMISSIONER: Or from the doping
20 control station itself?

THE WITNESS: That and from the doping
control station, and as we will hear from certified doping
control officers. But certainly the laboratory makes note
upon receipt of samples of any particular problems that
25 are apparent at that time and notifies us of problems that

have occurred in the course of the collection, the transmission of the samples.

THE COMMISSIONER: But the first item would not be as a result of the lab, somebody must have reported that from the station; is that right?

THE WITNESS: That's correct.

MR. PROULX:

Q. So, maybe we should go to item one.

A. I should point out that we have been keeping track of the kind of problems that we have been experiencing as doping testing, drug testing has been carried out. And this list groups them into certain areas.

The first item is that there was insufficient doping control staff at the doping control station and/or the passing of the sample was not witnessed by an official. It may have been the case that it is not evident that an official of the same sex observed the passage of the samples. And it is necessary to sign the form to declare that the athlete has been observed while passing the sample. And a number of sports, in fact in the period from May 29, 1985 to August the 24th, 1988, a number of problems with a number of sports have been experienced in that regard.

THE COMMISSIONER: Or could be sloppy paperwork, I suppose, too?

THE WITNESS: Yes, very much so, but the implications of this are fairly profound. It was -- the statistics that you have seen about the number of Canadian positive tests, for instance, do not reflect the fact that in two instances positive tests were overturned by an arbitrator. The point of the arbitrator's decision in each of those two cases revolved around the fact that insufficient doping control staff were not -- there was insufficient doping control staff at the time of the provision of those samples. So, that this is a very, very critical element in the testing procedure.

THE COMMISSIONER: We get the results from the lab, right? The results come from the lab?

THE WITNESS: Yes, sir.

THE COMMISSIONER: If there is a failure to follow the procedure, is that the concern that it may not be a sample of the person who has been tested or it wouldn't affect the result of the lab?

THE WITNESS: That's correct.

THE COMMISSIONER: So, I am trying to find out, I understand the policy. I understand what the issue is. Why would it be overturned, because it may not have been the sample of that athlete?

THE WITNESS: The arbitrator was not convinced that he could -- that sufficient security had been provided to guarantee that the sample was in fact the sample of the athlete. And it was on exactly that point.

5 And I think the arbitration was decided and there was -- I think it's significant that the arbitrator pointed out that he had no question at all about the validity of the analysis of the samples.

THE COMMISSIONER: All right. Go on to

10 number two, now.

MR. PROULX:

Q. Number two.

A. Number two, Doping Control Forms were not sent to the correct designation or were not given to

15 the athlete.

Very often what would happen is that the SMCC copies, the Sport Medicine Council copies were sent to the laboratory rather than being forwarded directly to the SMCC in the prepaid, pre-addressed

20 provided courier envelopes. And this, of course, represents a potential breach of confidentiality. It may not be appreciated from the video that the laboratory has no idea --

THE COMMISSIONER: It's just a number?

25 THE WITNESS: It's just a number. It has

no idea who the athletes who are tested are.

MR. PROULX:

Q. All right.

5 A. On other occasions, the sport
organization copy was sent to the SMCC. I mean there was
just complete mis-shuffling of papers. Again these may
ultimately render certain aspects of the confidentiality,
the integrity of the process as questionable. And
10 therefore it's important that these issues be addressed.

Item three.

THE COMMISSIONER: Is there any significance
to the nature of the athletic activity? I notice
canoeing, gymnastics, rowing, wrestling, swimming, track
15 and field, cycling, weightlifting?

THE WITNESS: I wouldn't say so at this
point. However --

THE COMMISSIONER: It indicates that testing
is broader than just say track and field and
20 weightlifting?

THE WITNESS: I would have to say, Mr.
Commissioner, that some sports have in my view posed more
problems in this regard than others.

THE COMMISSIONER: I am seeing, I gather,
25 these are actual tests that have taken place?

THE WITNESS: Yes, sir.

THE COMMISSIONER: And they are in sporting activities much broader than weightlifting and track and field?

5 THE WITNESS: That's correct, sir.

THE COMMISSIONER: A wide spectrum of sporting activity?

THE WITNESS: That's correct.

10 THE COMMISSIONER: All right, go ahead Mr. Proulx. Where are we now, Mr. Proulx.

MR. PROULX:

Q. Item number 3, Dr. Pipe?

15 A. In these situations, the labels with the code number were not affixed to the copy of the control form and received by the SMCC, which, of course, poses problems in the interpretation because now we have no record. The laboratory can tell us the sample number such and such and such was positive or negative, and we have no means of identifying that because the appropriate
20 labels have not been attached to the appropriate forms forwarded back to us.

Item number four relates to the fact that on a number of occasions national sport organizations have requested from the SMCC the doping control kit for a
25 specific number of tests. Only a portion of the required

tests were completed. We have corresponded with those sports to point that out. And by way of example, a sport may say we wish to conduct 20 tests and 20 kits are prepared, but in fact only 16 tests are conducted. We communicate with the sports in these situations to try and understand what the reason for that may have been.

Item number 5 relates again to problems with record keeping. On the doping control form, the time of arrival of the athlete at the testing station, and the time the sampling procedure was not recorded or the times were recorded in the wrong area. For example, the athlete is listed as arriving at the control station before the event was complete. There are two problems that have occurred there. Again, these seem to be trivial or administrative minutiae but they are fundamental to the good conduct of this whole process.

Number item 6, an excess number of Envoseals were returned to the SMCC. The Envoseals are in fact the little plastic clips which again as a security device lock the sample in the Envopack and the Envopack cannot be opened unless the Envoseal are broken. And a number of these were returned to the SMCC which made it clear that the bag was not properly secured for transport to the laboratory. And there have been a number of problems in that area.

Item number 7, the doping control forms did not list the athlete's gender. That has occurred on a number of occasions. This is of some assistance to the laboratory because of course they are hormones normally present in the urine of females which are not present in the urine of males and the knowledge of the sex of the competitor facilitates the analysis of the urine.

Item number 8, samples were improperly sealed, the evidence tape was not used, the Envoseals were not used. In one rather gross example of this, the samples were actually delivered to the Sport Medicine Council office rather than actually being delivered to the laboratory. And there were no code numbers, there was no evidence tape, there were no Envopacks, and we had no option but to eliminate those samples as being entirely appropriate for analysis.

Now, if you consider that those things may occur in the context of some proximity to major international competition, then the critical nature of those kinds of infractions becomes apparent.

Finally problems with lack of support by the national sport organizations. We have, we receive letters from volunteers who have been requested to assist with doping control activities complaining about the degree to which arrangements were not made appropriately

for the conduct of testing, facilities were not available, the space was not available, no attempt whatsoever had been made to assimilate this process in the competitive or training schedule. And we find a number of examples of those kinds of problems. And these have been occurring with some consistency and some regularity.

Q. Now, in addition to these problems and I would like to stop at this point and we will go later on the bottom part of page 3.

In addition to these problems, you referred to the arbitration problems due to some of the irregularities that you noted before, right. Are there any other concerns which you have regarding the application and the day-to-day application of these procedures?

A. Well, as our experience grew in developing, implementing a testing program, I think we became aware of areas of potential problems. You have alluded, you have referred to the question of arbitration. It was necessary to develop a process by which athletes might have the opportunity to appeal the validity of the testing procedure, the sampling procedure. And so it was necessary to devise an arbitration procedure.

I should point out that at the time of providing the sample, the athlete has the opportunity at

the point of providing the sample of declaring his unhappiness, his dissatisfaction with the process that was being conducted at that time.

So, we are signalled early on as to whether there has been a breakdown or whether the athlete is concerned.

It was necessary to develop a procedure for arbitration and that procedure was developed and evolved and provided for an appeal on the basis of the procedure, not the scientific validity, not the rules, but just that process that the SMCC Advisory Committee was responsible for.

I think we sensed that there was indeed -- there were indeed problems. And I have referred to them and they are reflected in the kinds of comments I have just made with the national sports organizations being in some instances seemingly unable to carry out testing in certain situations, being in other situations seemingly unable to carry out the testing as per the kind of instructions that were provided, and the kind of assistance that's provided by the materials that have been presented.

I think, too, on totally to go on a different tack, if I may for a moment, we became aware that as pharmaceutical developments change, as training

techniques change that the patterns of drug abuse or
patterns for potential drug abuse also change. We perhaps
must recognize that there are now genetically engineered
compounds that are available and which pose problems for
5 the future along the lines of my comments earlier this
morning. I have --

THE COMMISSIONER: Human growth hormones?

THE WITNESS: Human growth hormones.

THE COMMISSIONER: Can they be detected by a
10 urine sample?

THE WITNESS: Not at the present time. And
there are some approaches to that particular problem that
we have tried to develop, and we will, I think, probably
address them later this morning. But certainly human
15 growth hormone, a hormone known as Erythropoietin, which
is a hormone in the body which stimulates the production
of blood cells, is now available or in synthetic form and
this, of course, is going to pose problems in terms of the
degree to which this may be abused in place of blood
20 doping.

THE COMMISSIONER: Is that also a drug
enhancing performance?

THE WITNESS: Well, it would be in the same
way that blood doping enhances performance. Instead this
25 time of injecting into the body blood that had been

previously withdrawn and stored, in this situation by taking the hormone you would artificially stimulate the bone marrow to produce more blood cells and top up, if I can use that term, assisting that way.

5 THE COMMISSIONER: A human growth hormone would have the same result same effect?

 THE WITNESS: Human growth hormone would have a number of effects on the growth and development of an athlete. For instance, human growth hormone given to
10 individuals before their growth has arrested, before their growth has stopped, would cause them to continue growing.

 In the United States, human growth hormone, though it is very carefully controlled by the manufacturers and by regulation, is now apparently a black
15 market item and physicians, my colleagues in the United States, tell me there are all manner of requests to them to prescribe to young individuals supplemented dosages of human growth hormone in order that they might achieve greater height. This obviously is of some significance in
20 sports like basketball. So that these are problems which might be anticipated.

 There are ways that we might consider that could be considered that might facilitate the detection of these compounds in the urine and perhaps I
25 can address them later on this morning.

I personally have been concerned in looking at the -- having tabulated the number of medications that athletes declare that they have -- that they are taking at the time that they provide a sample of urine. That there are large -- certainly there are large numbers of compounds, medications, supplements, whatever, being consumed by these athletes which raises a broader question of the degree to which athletes are being prescribed products perhaps in excess of what might be reasonable or are taking compounds and products often at great expense in excess of what might be considered reasonable. Those numbers reflect I suppose a preoccupation with medication, supplement pill-based kind of approaches.

I have developed a personal concern with the degree to which medical services are applied to Canadian athletes. I think that we have relied understandably upon the provision of these services on a volunteer basis or as we have heard on a basis of an honouraria being provided to individuals who provide these services. At the same time, I think that we have to have some degree or the sports organizations or sporting organizations need to be assured that the individuals who associate themselves with athletes in capacities as health professionals, are members of for instance the

professional associations, have perhaps some training expertise, experience in these areas. And this is an area that I think we have to pay a great deal more attention to.

5 Athletes have been described as being gullible, I think that's fair. I think to understand the athlete's situation they very often are in situations where they are under immense pressure, they are susceptible to suggestion, they are susceptible to advice
10 and there are all matter of people who purport to be able to provide advice of certain kinds to athletes.

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As a member of the Academy of Sports
Medicine and the Association of Sports Medicine, I have a
profound concern that we ensure that our athletes are
cared for legitimately, by legitimate professionals. That
5 is concert with the standards we might expect with
professionals, various bodies.

That begs the question, and it is a concern
as well, of the degree to which funding of sport science
activities, of sports medicine activities and indeed of
10 the activities such as of our committee, is appropriate or
adequate to meet the needs of a nation which tries to
prepare its athletes in as sophisticated manner as
possible.

Those are very general concerns which, I
15 suppose, I discuss under the rubric of problems that have
emerged in the course of our activities over the past few
years.

And we have attempted, through our
activities, to change our processes, to change our
20 procedures to -- in order to try to address some of those
specific concerns.

Q. Well, precisely on this, in response to
some of the problems you identified this morning, I
understand that we have now a new system of certified
25 doping controllers and I would like you to elaborate on

that, please?

A. You will recall that we discussed yesterday that one of the guiding principals of the activities of our committee, at the onset of that committee's activities, was that the national sport organizations should be involved in the processes of testing, should be obviously involved in trying to address this issue. And I think that was a very legitimate approach and I understand the rationale for developing that approach.

It became clear to us, certainly became clear to me, that there were problems with the way in which the national sport organizations were either equipped or willing to deal with testing in their particular sports and, indeed, again we've addressed some of those problems in the past few minutes.

And it seemed to us that the whole process, the whole testing process, depends upon the integrity of that process, the fact that the samples are taken, are collected in an environment that is appropriate; that documentation that carried is out appropriately, that the transportation of the samples is then carried out appropriately, that the procedure is flawless in the extent to which it takes into account those very vital components relating to security and integrity of the

sample.

And, if those cannot be assured, then it makes no sense whatsoever to have a sophisticated process with a sophisticated laboratory, conducting expensive
5 laboratory investigations if, because somebody carelessly didn't fill out the form, failed to provide security at the time of the testing, adopted a less than rigorous approach to obtaining these samples, preparing them and shipping them, it just did not make sense to be carrying
10 on in this way and having these kinds of problems which then led to arbitration, to appeals, which led to the overturning of positive samples on procedural points.

Having said all that, the only option, it seemed to me, that was appropriate was to say that from --
15 we would, therefore, identify and train individuals across Canada in the conduct of these doping procedures; make them available to the national sport organizations; provide them with a honoraria for what, that I think you'll agree, is in many respects a thankless task and
20 people who wish to become involved as volunteers for amateur sport, this is not one of the jobs that is at the top of the list.

And, in that way, assure ourselves that to the extent possible the sample-taking procedures,
25 documentation thereof, were carried out appropriately.

And thus, in the early part of this year, we trained across Canada, a large number of certified doping control officers. Certified in the extent that they attended a one day workshop in which whole issue of doping control was raised. They were instructed, through the use of this video, and other material in the correct and proper conduct of drug testing. And their names were then added to a list who would be available across Canada to assist in doping control.

I think, if my memory serves me correct, there are currently 96 certified doping control officers in Canada and I think that there are 72 of that 96, 72 or 74 -- I'm sorry, I think it's probably 75 are physicians.

For reasons which were mentioned in the doping control video, we felt it was important that we have people who are familiar with taking samples, who are sensitive to the kind of concerns that obviously arise when you ask somebody to provide a urine sample in the presence of a witness.

People whose -- are good upstanding members of the community, who have a maturity and sense of responsibility that lends itself to conducting this process appropriately.

And also, because we wanted to ensure that in the process of this testing, the officers involved in

this testing would be able to respond to the concerns, to the questions that inevitably arise from athletes and recognizing that, in a sense, there is an opportunity for an educational component here and a young athlete who, for the first time in his or her life, provides a sample and says, is it okay, if I take a cough medication or that, a physician is prepared, particularly given the training we provide, to answer those questions and to point out the problems that occur with certain medications, to point out the problems that can occur with drug abuse in sport, in general.

And I'm very proud of the fact that my colleagues across Canada, in such large numbers, agreed to be volunteers to this -- volunteers to this process. There is a honoraria available to them.

At this point, we are encouraging, to every extent possible, the national sport organizations to use certified doping control officers.

I should also say that some of the people who became certified doping control officers were, in fact, volunteers from national sport organizations who had developed experience and expertise in the area because of their commitment to helping out with this process in the past.

Q. Now, arising from these problems we

underline, there seems to be also a major concern within the committee as to the testing on a scheduled basis and I'm referring you now to what we went through this morning, referring to the policy where it said, at the outset, that the testing should be done in competition and during training.

So, could you try and, especially in reference to what has happened in 1988 at the Ottawa Conference and so on, try to tell us exactly what the movement seems to be among the members of your committee?

A. Well, again, because of the kind of experience that we were developing as we oversaw the drug testing processes and because of the sensitivity, I suppose, that we brought to these issues and the fact that we were aware of what was going on in the sporting community, what our colleagues in other nations and other jurisdictions were discussing, we were -- became increasingly aware of the extent to which there are severe limitations in testing which is carried out only in association with competitions or scheduled on the basis of a particular training period.

For instance, if you know that your competitive cycle or your competitive timetable is such that you will be competing here where test something likely to be taking place, that you're competing there

while testing is taking place and competing in a third site, but there are intervals of time between those periods of testing, that it is possible to abuse, in this case anabolic steroids, for a period of time between those competitive events, to derive the benefits which follow from the abuse of anabolic steroids in a training situation, to then stop the anabolic steroids sufficiently in advance, presumably sufficiently in advance, that you would have no problem passing the test.

And so, we were aware of the fact that this knowledge was there in the athletic community, it was being discussed, the kinds of documents and materials and underground handbooks that circulate amongst the athletic community relate to these particular issues.

And there was the gradual realization that if we were to address this problem appropriately, we would have to develop a program of testing which involved more than just testing at competitions or at scheduled training events.

And I think this is reflective of the fact that our program has been one that is a program of evolution. We began, for some of the practical and logistical considers that I mentioned this morning, testing on those particularly scheduled occasions. But, as our experience has grown, we recognized that that is to

miss part of the problem.

Q. To illustrate your concern, I would like to refer the witness, Mr. Commissioner, to Exhibit 38 which was produced by Abby Hoffman which is a letter addressed to The Honourable Jean Charest by Dr. Pipe on September the 7th, 1988.

THE COMMISSIONER: Thank you. Yes?

MR. PROULX:

Q. Maybe you would like to go through this letter and comment?

A. Yes, following from what I was just saying, our awareness of the degree to which there were problems with scheduled testing was accentuated by the kind of discussions that we had been having with our colleagues and I suppose an obvious focus for those kinds of discussions was the first conference on anti-doping in sport held in Ottawa in June of 1988.

The deliberations and the recommendation of that conference have already been discussed in some form here and they were, of course, that on an international basis there was a need to move to a consistent, harmonized approach to testing which included, as a fundamental, out-of-competition, without prior warning testing.

As a consequence of that conference, in

which I was involved as were others of our committee and other people from the Canadian sporting community. I wrote a letter some weeks after that conference to the Minister of State for Fitness and Amateur Sport and, if
5 you wish, I could perhaps go through that letter?

Q. Yes, please?

A. To place this in some context, I had not, prior to that conference, met The Honourable Jean Charest, who was appointed to his position just a few
10 days, I believe, before the conference. In fact, one of his first official duties was, I believe, chairing this conference.

I did meet the Minister as we both cleared security in the Ottawa Airport, both on our way to
15 separate meetings in Toronto, frantically racing to reach planes at the conclusion of the conference.

My letter, hence, opens;

"I am sorry that we have not had time to meet since our brief encounter at the
20 airport a few weeks ago."

At which time I had, if my memory serves me correct, said that well, we're going to have to be in touch with you in order to address some of the issues that have evolved from the deliberations of the
25 conference.

"I do want to write to express, in the first instance, my congratulations to you for the success of the first international conference on anti-doping in sport. The conference was an unqualified success to you and to you and your ministry must go much credit.

I wish, in addition as my capacity of the Chairman of the National Advisory Committee on Drug Abuse and Amateur Sport to raise with you the question of expanded support of this committee's activity.

And I quite specifically wish to raise the question of the degree of support which we might anticipate would be forthcoming in the future to allow for current committee's activities and for what one would assume...."

THE COMMISSIONER: That's financial support?

THE WITNESS: That's correct.

"...what we would assume would be expanded and enhanced activities of this committee.

As you are undoubtedly aware, the development and implementation of state of

the art drug testing procedures is an expensive undertaking. It is a process that, in my view, is well worth the effort and the expense.

5 We should be proud of what we have managed to accomplish in Canada in the few years since 1984 when we began our National Drug Control Program."

10 And at the risk of seeming self-congratulatory, I think it should be acknowledged that around the world, Canada was seen as being a nation which had decided to try to come to grips with this problem, which had been working, as we've heard, internationally to develop a greater understanding and
15 more unified approach to this.

 And, as well, we had very quickly implemented and developed a program of which we've heard a great deal in the last few hours.

20 "Notwithstanding our successes to this point, I have very real concerns about the degree to which current procedures may permit athletes to abuse drugs, particularly anabolic steroids, and still escape detection.

25 You will appreciate the testing carried

out with in association with competitions or training camps does allow "windows of opportunity" for the abuse of anabolics.

Secondly, I am concerned about the degree to which continued allegations of undetected drug use by athletes undermine the integrity of our drug testing program, in particular, and, of course, sport in general."

If I may, I think I've just explained ---

THE COMMISSIONER: What did you have in mind, Dr. Pipe?

THE WITNESS: ---the kind of concerns, and again, in the paragraph headed, 'Secondly', I think it must be understood that what I'm saying, to the degree that people now believe that there are people avoiding drug detection because of this -- because of scheduled testing only, we again begin to erode support, particularly in the athletic community, for the endeavors which we're trying to put in place.

"Needless to say, the recommendations of the first international conference on anti-doping in sport that all nations should proceed to develop testing, where possible,

on a "without prior warning basis", would, if implemented, answer my concerns.

If Canada is to maintain its position of leadership in the area of drug control in sport, it seems we must be prepared to embark on an expanded range of drug-testing activities. Specifically, the development of programs of without prior warning testing.

Such an expansion of activities would, of course, involve increased costs. Costs which the Government of Canada, through Sport Canada, might reasonably be expected to bear.

I would wish, therefore, at the earlier convenience to discuss these issues with you further. Perhaps while we are in Seoul, we might have an opportunity to meet briefly. Otherwise, I look forward to meeting with you on my return to Canada.

Thank you for your consideration of these matters. I look forward to discussing them further with you."

This letter was copied to Joan Dixon, who was the Executive Director of the Sport Medicine

Council of Canada, to Miss Abby Hoffman of Sport Canada, and a copy was provided to Marilyn Booth, who was the technical staff person responsible for our doping control program.

5 I might add, Mr. Commissioner, that this letter appears on the stationery of the University of Ottawa Heart Institute. I would wish, for the record, to state that the University of Ottawa Heart Institute is obviously not involved in any of these processes.

10 The letter was prepared, along with several other tapes of correspondence, prior to my departing for Toronto where I was involved in the preparation of a television series on exercise and health and, immediately after which, I left for Vancouver and Seoul.

15 Hence the date that appears on the letter relates to the date which that cassette was transcribed, not the date that the letter was prepared. And it was within that context that the letter was prepared and forwarded to the Minister.

20 Q. Speaking, Dr. Pipe, of this without prior warning system, we've heard evidence that two national sport organizations have initiated or used a comparable system of short notice, at least, and I would like to go back to the Exhibit 52 which is the doping
25 control problems, the list, and particularly, to page 3.

Would you please elaborate on the practical problems which were encountered in the application of this specific program?

A. Yes. As we've heard, weightlifting developed a program of out-of-competition testing. Nonetheless, problems continued with the tests that were provided in association with that -- with that program.

I'm sure you'll hear more about the nature and the specifics of the program and the way it is organized. Let me say in general terms that I had concerns about the degree to which the notice that was provided and the method of selection of the athletes made -- was problematic.

And item D, if I may approach this, not necessarily in sequential order in this list of problems, refers to the fact that on occasion athletes were unavailable for testing, announced their retirement or suddenly -- or were unavailable by telephone, were not available to be tested.

We have -- these were particular problems of that nature.

As well, we again continued to experience problems with the, shall I say, the bureaucratic, the administrative components of the testing program. They would -- reflected in the fact that we found that doping

control kits became divided so that the code numbers for the laboratories results did not correspond in the location where the tests were supposed to have been conducted.

5 We have had some difficulty in securing the return of some of the samples -- some of the articles designed to secure the security of the sample. The evidence tape, the code number and labels, envoseals, all of these things are vital to the security of the process
10 and we have some obligation to maintain appropriate custody and control of those materials.

 As a result, we found that some of those samples were then being used, on later occasions, and this complicated the communications of the test results to the
15 national sport organization.

 On occasions, we found that the samples that we were provided with were just too dilute for analysis and that resulted in there being a request for further samples being taken.

20 I think this serves to highlight the fact again that unless these procedures are carried out appropriately, in a competent manner, the whole process is jeopardized. And it is important, for all concerned, the athletes, certainly the wellbeing of the athletes, their
25 rights, the wellbeing of the sport federations, very much

the appearance that things are being done properly.

All of these things are jeopardized to the extent that mistakes, errors and carelessness creep into the process.

5 Q. Dr. Pipe, I would like now to pass to Exhibit 25 which, Mr. Commissioner, you will find in a binder?

THE COMMISSIONER: Yes.

10 MR. PROULX: Which was produced by Mr. Makosky.

THE COMMISSIONER: Twenty-five.

MR. PROULX: A document which is entitled, "A Model for a National Anti-Doping Program".

15 THE COMMISSIONER: Yes, go ahead. I have it, thank you, Mr. Proulx.

MR. PROULX:

20 Q. All right. Dr. Pipe, I'd like you to briefly refer to each of the headlines and also finally to add some observations and also the list of initiatives which were taken by your committee in addition to this list?

25 A. Well, this provides a very useful template by which the appropriateness of an anti-doping program can be assessed and the first element on this --

in this list is that there should be a clearly
communicated national anti-doping policy. And I think
we've seen, from what we've heard so far, that Canada in
1984 developed that policy, that this has been
5 communicated, and that it has further, to some of the
recommendations contained in the paragraphs contained
under number one, have been communicated to other sporting
organizations within the country, received their
endorsement and support. That is not necessarily uniform.

10 There are sporting organizations within
Canada, for instance, that are still in the process of
developing anti-doping policies and so on. We continue to
work, I think of the Canadian Intercollegiate Athletic, we
continue to try and work to try and ensure that their
15 policies are in harmony with ours, that we have a
standardized and to use the vocabulary of that June
conference, a harmonized process in place in Canada.

 So, we have developed and communicated that
national anti-doping policy. That policy, in Canada, does
20 outline the obligations of sports organizations, it
outlines the obligations of the athletes and it
particularly addresses the responsibilities of those who
are involved with the care, preparation, counselling of
athletes and so on.

25 We have clearly identified the sanctions and

penalties which will be applied. I say we, these are communicated in the Sport Canada policy. And I think that we have fulfilled many, if not all, of the elements of the national anti-doping policy and if they have not been

5 fulfilled to completion, it's because work is continuing in those particular areas, ALA, the example of the Intercollegiate Canadian Athletic.

Q. Number two?

A. Number two, relates to national

10 co-ordination and it refers to the fact that it is necessary that, in a domestic situation, that there be a degree of consistency, a degree of harmonization, standardization, again to use that vocabulary, amongst the sporting bodies within any particular country and that

15 their commitment to this process be communicated unequivocally and that the necessary cooperation amongst the sporting bodies be ensured.

That's particularly important given what we've heard about the fact that there are a number of

20 different players in sport, be they Sport Canada, be they the major games organizations, be they international federations, be they domestic federations, be they organizations which exist outside the umbrella of sport as has been the focus for much of our discussion.

25 And I make that point again because I think

it is unbelievably important that we recognize that there are problems with drug abuse in sport that occur in the broader community and that the magnitude of those problems may be far greater than that which we exam when we look at organized sport.

So, that there has to be co-ordination of those various sporting organizations. And that the co-ordination may be vested in a body that is organized in such a way as to maintain the confidence in the sport community and the general public and the civil authorities.

This is calling for the development of an organization or an agency to assume some overall responsibility for the control of drug abuse in sport.

And it lists a number of -- a number of tasks which require that leadership. There should be an ongoing review and updating of the policy. I think that we have been doing that in Canada.

There should be work leading to the harmonizing and standardization of anti-doping activities in the country. We are continuing to work in that area.

It's necessary to establish the appropriate financial support and negotiate the appropriate financial contributions necessary to carry out these programs. This is certainly an issue that our committee is very much

aware of and will be addressing further.

There need to be the appropriate doping controls, education programs, a review of plans, provision for appeals, those situations are in place.

5 There needs to be the creation and operation of a mechanism for the investigation of circumstances surrounding alleged and proven doping infractions. This is clearly an issue which I'm sure the Commission will wish to address and that we are vitally interested in
10 examining.

Many of the other items in this list are very general in nature and I'm not sure you wish me to go through all of them and comment about each of them.

15 The third element is that there should be an Anti-Doping Experts Advisory Group. And if I may say so, in terms of our committee, that that is a role that we fulfill in our nation. We have developed the standard operating procedures, we have developed plans for the refinement and distribution --

20 THE COMMISSIONER: But you are that group now, aren't you?

25 THE WITNESS: That's correct. So, we have that in place in Canada. Again, there are features of that element which perhaps we have not carried out to completion.

I refer again to the fact that there should be provision for reviewing the circumstances of positive tests. These are things that require work.

Individual, item four, is that individual
5 national sport organizations must conduct anti-doping programs, recognizes that they are key agencies in the implementation of anti-doping activity. So that national sport federations should be required to develop policies and procedures in accord with their particular situations.

10 And I think, particular to that is the element that says the doping controls appropriate to the perceived doping problem in the sport should be developed on a without prior warning basis and in association with competition and training.

15 There should be an accredited laboratory. In Canada we're fortunate in that now we have two accredited laboratories. At the time of our committee's inception, there was only one. But we have two accredited laboratories, both the INRS-Sante in Montreal and the
20 Foothills Laboratory situated in Calgary, Alberta. The document ---

Q. Item six?

A. The documents goes on to discuss some of those responsibilities.

25 Item six talks to the need to ensure the

doping controls when they're introduced and exercised are conformed to two critical aspects; integrity, and also that the selection of athletes for testing is appropriate, particularly in terms of the frequency with which athletes are tested and the range of sports tested and the levels of athletes selected, et cetera. So, this is obviously a very important issue.

Item 7, attention must be paid to due process and I think we've been very concerned in all our deliberations and our all activities that we develop processes that provide for protection of due process, in the Canadian situation.

We have provided an appeal basis; we go to great lengths to ensure that the rights of athletes are not jeopardized.

Item 8 relates to the development of educational program which focus in three areas. The ethical foundation of sport, the health issues surrounding doping, and information pertaining to the list of banned substances.

Item 9 refers to research capacity. That it is necessary to, in an ongoing way, ensure the techniques that are applied, the processes that are applied, are in accordance with the highest, most current level of scientific knowledge and, as part of the contract with

INRS, that contract calls for research activity and you'll probably hear about the degree to which that research activity is being conducted.

Item ten talks about co-operation with the customs and civil authorities. And Miss Hoffman, in her testimony, spoke about the developments that have taken place in other nations where customs authorities, police authorities, health regulatory agencies, have developed strategies to try to stem the supply of anabolic steroids or other banned substances and to try and regulate their use in the medical community.

The final item, item 11, relates to international activities. The fact that all nations not only should be ensuring that they are doing everything possible domestically to deal with these problems, but also encouraging their counterparts elsewhere in the world to undertake similar activities. And that's particularly important for international and domestic sporting federations.

So when one reviews that document and uses it as a template to examine what it is that we have been doing in Canada, I think that we can demonstrate that we have been adhering to these elements and, in fact, I would suggest that we have, in some sense, gone beyond them in terms of other activities which we've been involved with.

Q. Dr. Pipe, you, I think, wish to add to what we just went through, five more initiatives which you would like underline?

A. Well, I think it would be important to
5 listen to, Mr. Commissioner, to understand some of the other ways in which we have sought to involve, in most of these instances, people outside of the world of sport in dealing with this problem.

Our committee has been in contact with the
10 Colleges of Physicians and Surgeons across this country, with the colleges of Pharmacy across this country, and with the colleges of Veterinary Medicine across this country and the colleges, of course, are responsible for the discipline and the conduct of the professionals in
15 those particular areas.

We have asked for their assistance in terms of sensitizing their members to the nature and dimensions of this problem, developing policies within their professional codes, within their professional regulations,
20 which provide for the disciplining of their professional members to the extent that they may be involved in some of these processes.

I would say that the response that we've had in Canada has been very gratifying. Across the country,
25 in the past year, most of the colleges of Physicians and

Surgeons, for instance, have related that they have a policy in place, they've discussed the way in which it has been applied or alerted as to the fact that a policy is in a stage of development.

5 Similar responses have been forthcoming from the colleges of Pharmacy.

 I mentioned the Veterinary colleges because, of course, it must be recognized that there is the potential for and a significant diversion of veterinary, particularly anabolic steroids, for use amongst humans and
10 amongst athletes.

 This is a problem that we are aware of and certainly I think that our colleagues in the Veterinary profession need to be sensitized to the degree to which
15 there is a potential for diversion of those products, to ensure that the use of those products is carried out with that knowledge in mind.

 Q. Dr. Pipe, as an illustration, again of correspondence with the medical profession, I'd like to
20 refer you to this document.

 THE COMMISSIONER: What document?

 MR. PROULX: Canadian Academy of Sport Medicine, which I would like to mark?

 THE REGISTRAR: 53.

25 MR. PROULX: 53.

THE REGISTRAR: 53?

---EXHIBIT NO. 53: Position Statement of the Canadian
Academy of Sport Medicine

5

THE WITNESS: That was simply a position
statement which was adopted by the Canadian Academy of
Sports Medicine relating to the use of, or pardon me,
relating to the providing or prescribing of drugs to
10 athletes by physicians who were caring for athletes.

I think it is reflective of the stand that
that professional association took about what it felt was
appropriate conduct for its members.

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MR. COMMISSIONER: What date is this?

There is no date.

MR. PROULX: There is no date?

THE WITNESS: I am sorry, I can't recall.

5 I would believe that that was written in 1985, but I would
have to verify that, Mr. Commissioner, I am sorry.

MR. COMMISSIONER: Well, that's from the
Canadian Academy of Sports Medicine, that's their
10 statement?

THE WITNESS: Yes, it was actually a
statement that was authored by myself as a member of the
Canadian Academy of Sports Medicine.

THE COMMISSIONER: All right.

15 MR. PROULX:

Q. As a second intervention, I would like
to mention the overture to the Federal Government?

A. We have been in communication with this
year with the Federal Government, particularly Health and
20 Welfare, and correspondence is currently in the process,
with regard to discussing whether or not it might be
advisable to change the regulations under which anabolic
steroids, for instance, are regulated, to place them in a
different class, to ensure that they are controlled, their
25 distribution is regulated.

THE COMMISSIONER: It's Schedule F for
now ---

THE WITNESS: That's right.

THE COMMISSIONER: -- which is the least
5 regulated of all the regulated drugs.

THE WITNESS: That's right.

THE COMMISSIONER: And I asked Miss Hoffman
about that, I mentioned that in my opening statement. You
have been in touch with them to ---

10 THE WITNESS: That's correct.

THE COMMISSIONER: Because I am going to
ask you more questions about that myself.

THE WITNESS: And at the same time it's
perhaps appropriate to mention that we have been in
15 discussion with members of the pharmaceutical industry.

MR. PROULX:

Q. Yes.

A. Who we feel are very well placed to
20 provide us with their expertise, their knowledge, their
understanding of the degree of which their products may be
being abused.

In one instance, a major multinational
pharmaceutical company withdrew from the market around the
25 world its product known at that time as Dianabol, which,

if I may say, is probably regarded as the Chevrolet of anabolic steroids, because of the concerns that it had about the degree to which it was being abused, not only in the sport situation, but also by people in the Third World who attempted to supplement what was obviously nutritional deficiency with anabolic steroid use. But that is an example of the degree to which an industry -- or section of the industry has been willing to address this issue.

Q. To cooperate?

A. To cooperate. And our approaches with the Pharmaceutical Manufacturers Association have met with a positive response, and we are continuing to work with them to discuss ways in which they may be of assistance.

In the past, for instance, in a personal way, I have been able to discover sales figures for various anabolic steroids. And one learns that all of a sudden a certain anabolic steroid has become the drug of choice in a certain Canadian community, simply because sales of that particular product increase.

It is important probably at this time, Mr. Commissioner, to say that the medical indications for the use of anabolic steroids are limited. These are not products which are marketed to the medical profession in the way that many other pharmaceutical products ---

THE COMMISSIONER: I was going to ask you

A. Pipe did not. By Proulx:
that, but you mentioned it now. Is there any normal
therapeutic use in sports medicine for anabolic steroids?

THE WITNESS: I can think of none.

THE COMMISSIONER: Go ahead.

5

MR. PROULX:

Q. Fourthly, Dr. Pipe, I would like to
refer to the professionals in reference to this Health
Status Support Program?

10

A. Yes, we heard ---

THE COMMISSIONER: I am sorry, what was
that, Mr. Proulx.

MR. PROULX: I am sorry, could you
elaborate on this?

15

THE COMMISSIONER: What is that?

MR. PROULX: The Health Status Support
Program.

THE COMMISSIONER: Yes.

20

THE WITNESS: Sport Canada provides through
the Sport Medicine Council, which delivers this program,
support for the delivery of health care, sport science
support to a number of Canadian athletes, a carded
athlete, national team members and so on. And as a
consequence of their being involved in the care of these
athletes, these particular physicians, and I say I am one

25

in the case of basketball, receive a honouraria for the support they provide to the athletes. I have written -- the Committee has written asking that the condition of that support and the condition of the acceptance of that support from the physician should be, for instance, that they ensure that on at least an annual basis a discussion is held between the physician and the particular athlete discussing the whole drug sport issue, and that the fact that such a discussion has taken place should be clearly documented.

I think we have to ensure that these kinds of issues are being addressed and this seemed to me to be one way to ensure that that discussion takes place. That is currently under consideration at the present time.

Q. And finally, I think you would like to speak about the sports organizations outside the realm of Sports Canada?

A. Yes, we have been working to try to ensure that sports organizations which -- the obvious example is the Canadian Inter-Collegiate Athletic Union. We are trying to ensure that the development of their policies, their procedures, is in harmony with what is taking place elsewhere in sport. We want to avoid the situation whereby an 18 year old athlete, who is, for the first time, a member of the national whatever team and is

found guilty of an anabolic steroid abuse is dealt with in a way which is completely different than an 18 year old athlete in his first year of university who is found guilty of an anabolic steroid use is dealt with. We want to try ---

THE COMMISSIONER: Are they tested at the university?

THE WITNESS: At the present time, discussions are underway to develop a process for testing in the universities in some selected university sports, specifically football at the present time. It is also the case that because ---

THE COMMISSIONER: Under discussion, or are ---

THE WITNESS: Plans are underway to provide those tests. To my knowledge, and I would stand to be corrected on this, testing of Canadian college athletes under CIAU auspices has not been carried out.

I understand that at some Canadian universities testing has been taking place, and the universities involved have developed their own procedures and sanctions. But I think we want to try to ensure that we don't have a series of double standards across the nation.

As well, I think we want to ensure that

other professional associations -- I would give by way of example, physical educators begin to become involved in terms of addressing some of these issues with the athletes and the youngsters that are under their care. It's a
5 curious irony that in a country that recognizes so much the importance of lifestyle to health, that we are currently in a situation in this nation where physical and health education has ceased to be a meaningful reality for large number of Canadian students.

10 In Ontario, for instance, physical and health education is virtually not existent beyond a requirement for one course in the secondary school system.

So, the opportunity to intervene with young people to inculcate the appropriate sporting values
15 and attitudes is lost to the extent that our youngsters are not involved in the physical health education programs. But nonetheless, physical educators who are very sophisticated health care professionals, from my point of view, have a role to play in advising youngsters
20 about the nature of this problem and approaches to it.

It has been said before that when we deal with this issue we are not dealing with a drug problem insomuch as we are dealing with a values problem. And that the kind of attitude to sport, the kind of
25 behavior that's demonstrated that permits people to -- or

that leads people to involve themselves in abusing drugs in a sporting situation, that's what should be being addressed as well as the very specifics of drug abuse.

I think we are trying to sensitize people to the complexity of the issue, to the fact that there are no simplistic solutions to the fact that testing, if it is going to be useful, has to be ongoing, year round, coordinated, comprehensive, applied on a without-prior-warning basis. That we have to be sure that the activities that we involve ourselves in are designed to address the problem and not to avoid embarrassment. And there is a distinction. That the approach in Canada is uniformly consistent.

Q. Dr. Pipe, I would like to refer you to this document which you prepared in 1986, which is entitled: "Drugs and Sport, a Need for Leadership", and I would like to mark this document as exhibit ---

THE REGISTRAR: 54.

MR. PROULX: Thank you.

--- EXHIBIT NO. 54: Document entitled: Drugs and Sport, a Need for Leadership.

MR. PROULX:

Q. In all fairness to you, this document,

I gather, will summarize the different facets that you covered in your testimony.

THE COMMISSIONER: Mr. Registrar, may I have a copy of that, please?

5 THE WITNESS: This was a document that was prepared as a result of a presentation made in Brisbane, Australia.

THE COMMISSIONER: It was an address made in Brisbane, it was a lecture, Mr. Proulx, that he gave.

10 THE WITNESS: That's correct. It was prepared for publication, but has not, to my knowledge, the proceedings at that conference have not been published, hence the document.

15 I should say that the presentation took place in a situation in which the use of drugs in sport was being advocated by a physician in Australia, and in a sense there was a certain Socratic debate around this issue of which this ---

20 THE COMMISSIONER: What date was that, Dr. Pipe?

THE WITNESS: In September, 1986.

THE COMMISSIONER: I see it. I have it here, thank you.

25 THE WITNESS: And this was presented at the International Federation of Sports Medicine, and it was an

appeal to sports medicine practitioners to exercise leadership in this area. And I think it summarizes much of my opinion as to what is necessary in order to deal with this problem.

5 THE COMMISSIONER: I read it. Did you win the debate?

THE WITNESS: I am very competitive, Mr. Commissioner.

10 THE COMMISSIONER: I know because I have been reading some of the material going on in Australia, and I think that the person who takes the opposite view has already given submissions to Australia. He takes, in a sense, a completely opposite view of yours?

THE WITNESS: That's correct, sir.

15 I suppose my concerns are captured most succinctly in a quotation which comes from Thomas Szasz, who is an American psychiatrist, and a fairly trenchant criticism -- critique, pardon me, of medicine, who says that in primitive societies men and women look to magic
20 for their medicine, that in the more the developed world we tend to look to medicine for magic, and that has a certain appropriateness to the athletic situation which has occupied our deliberations to this point.

25 There are clearly limitations: ethical, scientific and so on, which -- to pharmaceutical science,

which preclude, in my view, any involvement of these compounds in attempts to enhance performance.

I made very specific reference to two concerns which, if you will, I might just address by quoting directly from the document that says:

"Ultimately, it must be admitted that we have no way of anticipating just what might be the adverse effects of long-term administration of anabolic steroids - and the administration or supervision of doses of these products takes place against a background of clinical experience that is non-existent. It is reasonable to assume that there could be as yet unanticipated or unforeseen complications. Ironically then, in an attempt to optimize physical performance athletes epitomizing the ultimate in health and physical fitness may jeopardize these selfsame qualities by involving themselves in doping practices.

We have profound personal responsibility to protect

"athletes from the development of such problems. In a sense, at times we must protect them from themselves. As physicians who have chosen to bring our professional skills and obligations to sport, we are well placed to influence the drug-taking behavior of the athletes who are our patients. Theirs is a very precarious existence; they are often isolated, vulnerable and at risk of blindly following the latest athletic dogma, superstition or half-truth.

There are also broader responsibilities. We are obligated to provide a sense of direction to the sporting and medical communities: coaches, trainers, administrators, our colleagues and scientists. Our experience with the practice of pharmacology is unique, and we must encourage the consideration of a sporting philosophy on an ethical perspective that will permit the development of an athletic culture able

"and willing to work toward the
elimination of drugs and doping from
sport. If you view that as a naive,
simplistic and idealistic point of
view - so be it. I do not apologize
for it."

5

And I think that summarizes the kinds of
concerns which as both a physician, and as one who has
been involved for well over a decade in elite amateur
sport, that I bring to a discussion of this issue and
which have been reflected in the activities of the Sport
Medicine Council's Committee on Drug Abuse and Sport.

10

15

We would be delighted and fully intend, Mr.
Commissioner, to appear before you at a later date to
provide you with recommendations as to what we feel in the
light of our experience would be an appropriate path for
us to follow in Canada in developing strategies to further
deal with the problem of drug abuse in sport.

20

THE COMMISSIONER: I will be foolhardy if I
didn't take advantage of that offer I'll tell you.

Are you through?

MR. PROULX: These are my questions, and
I ---

25

THE COMMISSIONER: All right. Anybody wish
to ask a question -- just a moment now.

MR. FALBY: I have a few questions.

THE COMMISSIONER: We are going to adjourn
now.

MR. ARMSTRONG: Could I just, Mr.
5 Commissioner ---

MR. COMMISSIONER: I want to speak to Dr.
Pipe. We are very grateful for you being here. I know
you are under great pressure ---

THE WITNESS: Thank you, Mr. Commissioner.

10 THE COMMISSIONER: -- for serious family
problems. Would be it be more convenient if you had the
afternoon off and come back later on?

THE WITNESS: I am entirely in your hands.

15 THE COMMISSIONER: I think we should be in
your hands because you have been under great ---

THE WITNESS: I am quite prepared to be
here this afternoon, Mr. Commissioner.

MR. COMMISSIONER: All right. Excuse me,
what about you, Mr. Armstrong?

20 MR. ARMSTRONG: Just through you, Mr.
Commissioner, if I could invite counsel to stay for a
moment after we recess just to get an assessment of how
long -- there may be further questions of Dr. Pipe, so
that we can reassess our position. We have some serious
25 problems.

MR. ARMSTRONG: We will adjourn until 2:30,
and if that's convenient for you to come back, I know you
will probably want to go to the hospital.

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--- Upon resuming pursuant to luncheon adjournment

THE COMMISSIONER: Mr. Falby?

MR. FALBY: Thank you, Mr. Commissioner.

5 Dr. Pipe, I wonder if the Registrar could put Exhibit 29
in front of you?

THE COMMISSIONER: Exhibit 29?

CROSS-EXAMINATION MR. FALBY:

10 Q. This morning, I thought you told us
that it was your understanding that Sport Canada spends
most of its budget on the INRS contract. Did I hear you
correctly?

15 A. I think as I recall my remarks, sir,
that I was speaking of that proportion of its budget which
is allocated for doping control.

Q. Yes. And if we look at Exhibit 29, we'll
see under the sector headed, "National Sport
Organizations", the final heading is 'Anti-Doping
20 Program'. Do you see that?

A. I do.

Q. And the funding for the anti-doping
program for each of the years, fiscal years, 1985 to 1988
was half a million dollars, is that correct?

25 A. I see that, yes.

Q. And that's something under one per cent of the total funding for 1988/89?

THE COMMISSIONER: In fairness, I think what the witness said, with respect to the anti-doping program,
5 most of the money is used up in the contract with the Montreal lab, I think.

MR. FALBY: Yes.

MR. FALBY:

10 Q. And that expenditure, I think you told us, Dr. Pipe, is as set out in Exhibit 49?

A. That's correct.

Q. And those figures, respectively, for '84/85 are \$390,000; '85/86, \$400,000; '86/87, \$450,000;
15 '87/88, \$450,000 and almost the same for '88/89.

And the INRS contract, if I can call it that, is, as I understand it, a contract with the Sport Medicine Council of Canada, is that correct?

A. That is true. The Sport Medicine
20 Council is a signatory to that contract.

Q. And I think you told us ---

A. As is Sport Canada.

Q. I think you told us that part of the agreement with INRS, if that's what I should call it, was
25 that they would do 1,200 tests annually?

A. I think, if I may -- if I recall correctly, that I said that the contract provided for the conduct of up to 1,200 tests.

Q. Up to? It was a maximum of 1,200?

5 A. Yes, that's correct.

Q. And would you look in the papers that you have before you and put in front of you a document which has not been marked as an exhibit but which was distributed to counsel.

10 THE COMMISSIONER: Can I see it?

MR. FALBY: Entitled, "Sport Medicine Council of Canada ---"

THE COMMISSIONER: Excuse me, Mr. Falby. Do I have it?

15 MR. PROULX: Yes, you do have it, Mr. Commissioner.

MR. FALBY: Sorry, Mr. Commissioner, I just assumed you had it in front of you.

20 THE COMMISSIONER: Well, I may have it but...

MR. FALBY: It's a single sheet of paper.

THE COMMISSIONER: I have it, thank you.

BY MR. FALBY:

25 Q. On the Sport Medicine Council of Canada

anti-doping program budgets. Is that something that you put together?

A. This was prepared by the Sport Medicine Council staff.

5 Q. Perhaps we might mark that as the next exhibit?

A. I have that listed, excuse me, as being Exhibit numbered 48.

THE COMMISSIONER: I don't think it went in.

10 THE WITNESS: I'm sorry, my error. Please forgive me.

MR. FALBY: My understanding, it's not been marked.

15 THE REGISTRAR: Exhibit 48 is the letter to Dr. Taunton.

THE WITNESS: My apologies, yes.

THE COMMISSIONER: What Exhibit number, Mr. Registrar, please, will this be now?

THE REGISTRAR: This will be 55.

20 --- EXHIBIT NO. 55: Sport Medicine Council of Canada

Anti-doping Program Budget

MR. FALBY: Thank you, Mr. Commissioner.

25

MR. FALBY:

Q. The second item on that program budget, Dr. Pipe, says testing program and someone has written under that, in brackets, tests.

5 And then if we move along the column, we see in brackets, certain figures. Does that indicate the number of tests done in each of those fiscal years?

A. That indicates the number of tests requested in each of those years.

10 Q. Well, perhaps you could clarify that for me, then. Let's look at '88/89, testing program 6,400. What does that refer to?

A. That refers to monies requested for the conduct of the testing program by the Sport Medicine Council of -- from Sport Canada.

15

Q. From Sport Canada. But that's actually inclusive in the contract, is it not, or is this in addition?

A. No, and I'm sorry if there is some misunderstanding of that point. I tried this morning to point out that the monies that are -- that go to the INRS and are paid as part of that contract are completely distinct from, totally separate from the monies which are requested by Sport Medicine -- the Sport Medicine Council of ---

20

25

Q. That's exactly what I'm trying to clear up.

A. Yes.

Q. Under the figure 6,400, we have 684,
5 September. What does that mean?

A. That particular figure refers to the fact that at -- as of September 1988, 684 tests had been requested.

Q. Are these in addition to or included in
10 the INRS tests?

A. That is within -- they are not in addition to 1,200.

Q. They are part of the up to 1,200?

A. Exactly.

Q. So, that by looking at Exhibit 55, we
15 can see how many anti-doping tests were done under the auspices of the Sport Medicine Council of Canada in each of those fiscal years?

A. That is not correct. You will recall
20 that I commented that these reflect requests for tests as opposed to tests conducted.

Q. Who actually makes the requests?

A. The requests for tests are made to Sport Canada in association with the plan for doping
25 control within a particular sport.

Q. By the national sport organization?

A. By the national sport organization.

Q. So that if, again, if we look at

'88/89, you would agree with me if I said the national
5 sport organizations had requested 684 tests up to
September?

A. Yes.

Q. And similarly, through the fiscal year
'87/88 they requested 800 and so on?

10 A. Yes.

Q. And do you know how many tests were
actually undertaken?

A. Somewhere in the documents I have
before me, I do have those figures.

15 Q. Would you like to have a look?

A. Certainly.

Q. I think you told us this morning you
did get the results of the tests, doctor, am I correct?

A. That's correct. Well, the Chairman --
20 the tests are communicated to the Sport Medicine Council
in the person of chairman.

Q. When I meant you, I meant you
collectively, not you in person?

A. Yes, thank you. I just wanted to be
25 sure. One of the difficulties that one has with some of

this data, I'm sure you'll appreciate, is that one has to distinguish between calendar years and fiscal years.

Q. I'm sure you'll do your best for us?

A. I certainly will try. Is there any
5 specific year that you'd like to ask about?

Q. If you could perhaps track Exhibit 55
and give us the comparative figures for actuals done in
those fiscal periods it would be most helpful but whatever
form your data is, I suppose, will dictate how you can
10 answer?

A. I would think that it probably would
take me a few minutes, actually, to sit down and do some
simple addition and....

Q. Well, perhaps you could help me this way,
15 then, if it will take you a while. Could you tell me, is
the actual number of tests greater than or less than the
number of tests requested?

A. It would be less than, in the sense
that one of the reasons for there not being tests used, if
20 I may use that term, is that an event may have been
cancelled, a particular event within a particular
competition may have been cancelled. Those kinds of...

Q. I see. So we can take at that in each
of those fiscal years, the actual number of tests done was
25 somewhat less than what's shown on Exhibit 55?

A. I think that's a reasonable assumption, yes.

Q. And we would be safe in assuming then, that from the fiscal period 1985/86 to '88/89, it appears as if the number of tests have been declining each year?

A. The number of tests requested, certainly that would appear to be the case, yes.

Q. And the actual number of tests done, if they're less than that?

A. Depends by how much they are less in each particular year, whether or not there would be a decline evident.

Q. Fair enough. Now, you mentioned this morning that there was some reason for not using up the whole of the allowance of 1,200 tests per annum.

Can you tell me whether you see that as an a reasonable allocation of funding when you're not using up all your testing allowance?

A. Let me once again place that in some context; that the 1,200 was seen as being an upper limit of the number of tests which would, as our program developed, would be required. It should not be misinterpreted as being an ideal number of tests.

Having said that, it's also important to ---

Q. Just money in the bank, I take it, that you can use if you need it?

A. In one sense, and you'll appreciate once you have provision for conducting a certain number of tests, i.e., the agents, the materials, laboratory staff to do a further number of tests does not necessarily imply dramatic changes in the expenditure.

So that that places that contractual arrangement in that kind of perspective.

Your question, if I may ask you to repeat it, was did I think that that ---

Q. Well, let me try and put it another way, if it would help you. Looking at Exhibit 49, which is your summary of expenditures, I make in the period 1984 to '89, something in excess of \$2 million having been paid to the INRS Laboratory with respect to the anti-doping program.

My question in broad terms is, do you see that as a reasonable allocation of funds?

A. I think it has to be appreciated that the provision of equipment, the development of procedures, the cost of the acquisition of certain agreement -- certain equipment, pardon me, certain materials and so on, all added costs to this contract.

Q. Do you know how that \$2 million breaks

down?

A. I'm sorry that I do not and I want to tell you that I was not involved in the preparation or the development or the negotiation of this contract
5 whatsoever. So that I'm not really in a position to be able to perhaps advise you as to the particulars of that particular contract.

Q. Does anybody at the Sport Medicine Council of Canada know how that -- those funds were
10 allocated?

A. Yes, indeed they do, inasmuch as the former Chairman of the SMCC was involved in the negotiation of this contract with the INRS, as were Sport
Canada.

15 Q. That would be Mr. Gledhill?

A. Dr. Gledhill, yes.

Q. Dr. Gledhill. Perhaps we can ask him about that, then. Now, can you tell me of the tests done, how many of the 39 Olympic sports were subject to actual
20 dope testing?

A. Again, I had that information but I can provide it to you -- again it would require some simple arithmetic procedures on my part. For instance, I can look at the reports for a particular year.

25 Q. You can identify the sports as you're

going through it. That way it will be helpful to us?

A. I am looking at data that I have which relates to the doping control program for the year 1986/1987. I want to make sure that I'm not missing --
5 it's actually easier for reasons that I do it for '85/86 first. I apologize for the delay while....

Q. Well, it doesn't have to be precise, Dr. Pipe, but I'd just like a general idea?

A. Well in 1986/1987 then, in general
10 terms, it's probably 22, 23.

Q. Different sports?

A. That's correct.

Q. And that likely would be about the same throughout?

A. I think generally that's ---
15

Q. Do they concentrate in any particular area. Is it weighted towards the weightlifters?

THE COMMISSIONER: Well, Exhibit 52, I guess, casts some light on it because these are the ones
20 they had problems with: Canoeing, gymnastics, rowing, wrestling, swimming, track and field, cycling, swimming, weightlifting, fencing, diving, shooting, judo, rowing -- some of these are repeated. That gives you some idea, I think. Boxing.

25 THE WITNESS: If I may, Mr. Commissioner,

they cover a wide range of sports. Clearly the number of tests that were conducted in certain sports reflected (a), the number of athletes involved in those sports, or (b), the degree to which doping was a problem in those sports.

5

MR. FALBY:

Q. All right, thank you. Now, I'd like to you to tell me, if you understand my information with respect to the INRS-Sante Lab is correct. I understand that it's director is Dr. Dugal?

10

A. That's correct.

Q. And Dr. Dugal is also a member of your committee of the Sport Medicine Council?

15

A. Yes -- well, he's an ex-officio member of our committee. He's not a voting member of that committee.

Q. And he's there to provide you with expertise and input?

A. That's correct.

20

Q. And I also understand he's also a member of the IOS Medical Commission? IOC, I beg your pardon?

A. That's correct.

25

Q. International Olympic Committee. And you've also told us that there is another laboratory in

Calgary, the Foothills Hospital Laboratory?

A. That's correct.

Q. And do you see it as in the interests
of the Sport Medicine Council, sports generally in Canada,
5 to encourage growth of both testing laboratories?

A. That's an issue which is going to be
addressed very shortly because the INRS contract expires
at the end of March, I believe. At the time that that
contract was signed, however, that there was only one IOC
10 accredited laboratory in Canada.

Q. I understand that. I guess I'm asking
you if you think it's in the interest of sport to
encourage the use of both facilities?

A. Well, I think certainly the answer to
15 that question is -- cannot be a short one. So much
depends upon the degree to which we're able to expand the
numbers of tests that we carry out, the degree to which
our program grows, the degree of which testing grows, but
I think in general terms...

20 Q. And a cost factor, too, I suppose?

A. Exactly.

Q. Perhaps you could have a look at
Exhibit 48, Dr. Pipe? It's your letter of May 18th to Dr.
Taunton.

25 THE COMMISSIONER: We don't have that, Dr.

Stanish's article, do we by any chance? This relates to a report attributed to Dr. Stanish.

MR. FALBY: Yes.

THE COMMISSIONER: Thank you. Go ahead?

5 THE WITNESS: Yes, I have it.

MR. FALBY:

Q. You have it? That was a letter that you wrote to Dr. Taunton prior to the Seoul Olympic Games?

10 A. That's correct.

Q. And you were somewhat critical of some statements attributed to Dr. Stanish?

A. I don't think that the statement --
pardon me, the letter makes any specific comment about any
15 specific statements. I think rather it's sought to seek
some clarification about the articles which purported to
report what Dr. Stanish said.

Q. Your concern is really expressed in the second last paragraph, is it not?

20 A. That's correct.

Q. And is it fair to say that you are really expressing two concerns; the first one being that the comments and, I'll quote, "Identified as they are with Canada's Olympic program may provide a wrong impression
25 about Canada's desire to deal with the problem of drug

abuse in sport."

That was the first issue you were concerned about and that's the one you put first in your letter?

A. That's correct.

5 Q. And that is the very issue that the Sport Medicine Council and your committee were dealing with?

A. Yes. I specifically recall that one of the headlines that appeared ---

10 MR. PROULX: I think that this ----

THE COMMISSIONER: Leave it there, please.

15 THE WITNESS: ---in Europe, was something to the extent -- please don't hold me to this because I'm -- "Drug free Olympics A Farce, says Canadian Olympic doctor."

And there were comments of that nature and, secondly, there were comments that were made subsequently by Canadian athletes which suggested that they felt they had been unfairly tarnished by that.

20 Q. And that is the second reason reflected in that paragraph?

A. I don't think one should draw from the order in which they appear in the letter any sense of priority of those concerns.

25 Q. I'm not suggesting there is any

priority. You only mentioned one of the reasons this morning and that's why I'm asking you about the second?

A. I'm sorry, I understand.

Q. Thank you very much.

5 THE COMMISSIONER: Mr. Porter -- I'm sorry, Mr. Bourque?

MR. BOURQUE: Yes, very briefly, Mr. Commissioner.

CROSS-EXAMINATION BY MR. BOURQUE:

10 Q. Dr. Pipe, my name is Roger Bourque, I represent the Canadian Track and Field Association.

You testified this morning, if I have it right, that by the time of the first permanent Anti-Doping Conference in Ottawa in June 1988, you and others in your field had become aware of a need to move to short notice or no notice out-of-competition testing as an effective deterrent to doping in amateur sports, is that correct?

15

A. Yes, I think that there was a concern being more generally felt in the community, if I can use that term, of people who were trying to address this issue, that there was a need to begin testing in that manner.

20

Q. And more particularly, what knowledge or information did you acquire around that time which gave rise to this view?

25

A. I can't think of -- may I say that this is knowledge that has been growing. It's not as though there is a specific day and specific time at which one woke up and said, we need to deal with this problem in this way.

I think an understanding of the, as I tried to suggest this morning, the pharmacodynamics of some of the compounds that are on the banned list, the fact that by identifying various events or periods when testing might be conducted, one could take advantage of the time period between those scheduled tests. By understanding some of the problems that we had experienced in our testing program in Canada.

My understanding, some of the problems that were developing with a short notice out-of-competition testing programs in Canada. By learning of the activities of our Scandinavian colleagues, by beginning to appreciate some of the problems that they were facing.

They, as you will recall, in a coordinated effort, having been sending teams to the United States to test Scandinavian athletes in attendance at various American institutions and were having problems reaching those athletes, finding those athletes, all of which was leading to the general consensus that a system without prior warning testing might indeed be necessary to deal

with the problem.

Q. I might ask you, just as a brief digression, do you concede that there is any material difference between no notice testing and short notice testing by which I mean, at the most, 48 hours in terms of effectiveness?

A. I don't think that we've had the experience in Canada, nor have I had any experience personally, that would allow me at this point to make that distinction. Hypothetically, I suppose that concerns have been raised by some that a 48 hour period may permit sufficient time to tamper metabolically or physiologically in such a way that could lead to the production of a clean specimen.

Concerns have been raised from time-to-time, as I'm sure you are aware, about the extent to which people may have involved themselves in practices involving the introduction of someone else's urine into their bladder.

It's those kinds of concerns that have, I think, led many people to feel that a system of without prior warning testing offers some advantages.

Q. All right. In any event, speaking of this awareness which moved you to the view that no notice testing, in any event, would be more adequate than what

had existed, can you be more precise in describing the period during which this awareness came home to you?

A. I would say that within the year -- it's difficult with precision to try to identify how a gradual realization occurred and I'm not sure that I can answer the question in that way.

But, I think by virtue of being a part of forums like the June conference, by discussing the issues, reading the literature, you begin to develop this kind of approach and I would certainly say that this was not an attitude that I had in 1983, but, sure....

Q. Would it predate 1987?

A. I think the attitude -- again, to the best of my ability, I think we began to realize that there were problems with "windows of opportunity".

One response to an attempt to close those windows of opportunity might be to increase the frequency of testing, for instance. Again, we are talking about the timing of testing as opposed to the question of notification that the test is desired or imminent.

And that gradually evolved on learning of some of the problems that were occurring in other jurisdictions to the concept of a without prior warning system was necessary.

I must also say that there were members of

our committee who very strongly advocated that approach.

Q. I take it you can't give me a particular year in which this first began?

A. I'm sorry. I don't think I can give you a particular year.

Q. Are you aware that the Canadian Track and Field Association submitted a program for out of competition testing to Sport Canada in January 1988?

A. Yes, I am aware.

Q. And was that program eventually referred to the Sport Medicine Council of Canada for approval of the testing procedure incorporated in that program?

A. Not that I can recall, sir.

Q. Not ever?

A. I am not aware of that. My first recollection of any -- I mean, I knew that this was a proposal that was being developed and I recall in June speaking to officers or volunteers of the CTFA and them discussing some of the elements of their program.

Q. If such -- by the way, would it be in the ordinary course of events for such a program to be referred to the Sport Medicine Council of Canada for that purpose?

THE COMMISSIONER: Would this be under the

plan you are required to do?

MR. BOURQUE: The annual plan, Mr.
Commissioner.

THE COMMISSIONER: That goes to the Sport
5 Canada under the updated policy?

MR. BOURQUE:

Q. Exactly.

A. The annual plans are referred to Sport
10 Canada and Sport Canada reviews the annual plans of the
national sport organizations.

Q. But, I'm asking you, though, that if an
annual plan of a sporting organization incorporated a new
testing procedure, would Sport Canada not consult with the
15 Sport Medicine Council of Canada as to its views on the
effectiveness and validity of the procedure?

A. I guess if they felt that they wished
the comment of the committee, they would certainly do so.

Q. But you are not aware that the CTFA
20 plan would refer to the Sport Medicine Council of Canada,
in this particular case?

A. That's correct.

MR. BOURQUE: Thank you. I have no further
questions.

25 THE COMMISSIONER: Thank you. Mr. Futerman?

Any questions?

MR. FUTERMAN: Thank you, Mr. Commissioner.

CROSS-EXAMINATION BY MR. FUTERMAN:

Q. May I first start off by saying, Dr.

5 Pipe, that amateur sport in Canada are indeed fortunate to have a man of your integrity and confidence to look after their affairs. I think all of us are impressed by your presentation.

10 Doctor, one of the things that came to my attention this morning when I woke up was an article in one of the local newspapers which was headlined, "Doctor Claims Athletes Know When Steroids Are In Their System". I think you may have read this article, as well.

15 That is not what I recall you saying yesterday, doctor. And if one reads the contents of this newspaper clipping, the contents don't really support the headline.

20 THE COMMISSIONER: Mr. Futerman, will you limit your questions to what the witness stated in testimony, not what the newspaper says, please.

MR. FUTERMAN: That's fair, Mr. Commissioner.
I had spoken ---

THE COMMISSIONER: Deal with his testimony,
Mr. Futerman.

25 MR. FUTERMAN: All right.

MR. FUTERMAN:

Q. Doctor, let's start off with the headline first.

THE COMMISSIONER: I don't want you to do that, please.

MR. FUTERMAN: Sorry?

THE COMMISSIONER: I don't want you to do that, Mr. Futerman. We are not going to get into debate on what the reports are -- confine yourself to testimony.

MR. FUTERMAN: All right.

THE COMMISSIONER: I recall Dr. Pipe discussing this issue but he didn't write the story, write the headline, so please confine yourself to the testimony given for the Inquiry.

MR. FUTERMAN: I only read the heading, not for the purpose of asking a question, Mr. Commissioner. I'm going to ask him a specific question.

THE COMMISSIONER: Well, do that but I don't you want to cross-examining a witness on what is said outside the Inquiry.

MR. FUTERMAN: That's fair, Mr. Commissioner, thank you.

MR. FUTERMAN:

Q. Doctor, is it fair to say that some athletes would not necessarily know that they have

steroids in their body and that may be the case, even though the steroids may be in their body for a long period of time?

A. Let me preface my answer to that question by saying that I'm not a physician who has any personal, professional experience with the prescription or provision of anabolic steroids to individuals and have had no professional experience in caring for those who, to my knowledge, have been abusing anabolic steroids.

My comments yesterday related to the limitations that are imposed upon researchers who attempt to do studies into the use of anabolic steroids and I specifically referred to a problem that blinded the studies, that is studies in which the subjects are not aware -- neither the subjects nor the investigators, in a double blinded study, are aware of the contents of the medications with which they are being provided.

And I said that one of the -- one of the reasons why it was possible to conduct blinded studies was that athletes receiving steroids might be aware of the fact that they were receiving steroids by virtue of the, I believe I mentioned, the mood changes, the sleep disturbances, behavioural changes, changes in size and so on, that would trigger them to the fact that the experimental agents or, in this case, was an anabolic

steroid.

I don't think that I said that that is true
of all athletes in a universal sense, in each of those
situations, but that it's certainly a problem because a
5 significant number of athletes in those situations may
experience those positive effects.

10

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25

Having said that as background to your question, it is also important to understand that to accurately answer your question one must appreciate something of the physiology, the circumstances, the training, the state of training of a particular individual because, of course, somebody who is involved in very intense training, a competitive program may experience changes in size, strength, and so on as a consequence of those training processes.

So, it seems possible to me to construct a situation that is plausible in which someone is taking anabolic steroids unwittingly or unknowingly and may by virtue of an involvement in other activities be unaware of the fact that they are consuming anabolic steroids.

It is also important in answering that question to state that individuals competing at a high level of sport also clearly have a profound responsibility to understand the nature of any substances that they take into their body by whatever means. And this is certainly something that, in terms of the athletes that I am involved in, that we go to great pains to ensure that they understand. And I don't know whether I have answered your question to your satisfaction.

Q. You have, Doctor, thank you.

CROSS-EXAMINATION BY MR. PORTER:

Q. Dr. Pipe, I represent the College of Physicians and Surgeons of Ontario.

5 I admit to a failing that counsel should never admit to, I am curious about some of your evidence. So, I take it that as a physician you have got to develop a seasoned eye to observe as to whether an athlete has taken anabolic steroids or not?

10 A. I am sorry, is that the question?

Q. Yes.

A. Well, certainly this is a question that is posed to me from time to time. Can you, if I may, rephrase your question, can you --

15 Q. Well, let me try again.

THE COMMISSIONER: Well, let him -- it was rather awkwardly phrased, and let him try to clarify for you.

20 MR. PORTER: My Lord, I am not accused -- My Lord, let me try again.

As a physician, can you tell by looking closely at a male athlete in short pants if he is using anabolic steroids?

25 THE WITNESS: I personally would not be happy rendering that kind of verdict solely on the basis

of an examination of a particular -- a superficial examination, looking at the appearance of a particular athlete.

MR. PORTER:

5 Q. I understand that. But -- and I understand that I am not presuming you could make a definitive judgment without having done a full assessment, and I wouldn't presume you would. But you have talked about a number of symptoms.

10 If you were looking closely at a male athlete in short pants, could you draw some assumptions which might be fairly strong that the athlete might be taking anabolic steroids?

15 A. I think if I was looking closely at a male athlete in short pants and I saw what to me appeared to be evidence of gynecomastia, the development of unusual breast tissue; if I saw acne; if I was aware that there had been a tremendous change in a short time in the stature; the silhouette dimensions of the individual; if
20 it had been suggested that there had been mood changes in this individual; my suspicions might be aroused.

 I am tentative, sir, only in the sense that so often people make the assumption and I must say particularly with female athletes that they have a certain
25 body build; ergo their suspicions are raised. And that is

unmindful of the fact that the tremendous changes that have occurred in training regiments over the past few years. So that individual athletes who are now weight training to a much greater degree than they did 5 or 10 years ago may achieve a body silhouette that is completely unknown and unfamiliar to many quote, unquote sports fans who have a preconceived idea of what a particular athlete and a particular event should like look, especially if that athlete is of a particular sex.

10 Q. But, as I understand, if you were looking at the same hypothetical female athlete, you might observe, as you mentioned yesterday, facial hair, male pattern of baldness, a deepening of voice?

15 A. I might, but there are also woman who quite naturally have facial hair, what appears to be male pattern baldness and a deeper voice. Indeed woman taking the birth control pill sometimes develop a small degree of facial hair on their upper lip. I am not trying to be overly cautious ---

20 Q. I know.

A. -- but it is very tempting to immediately speculate that individual athletes are involved in processes and practices just by the way they look. And perhaps if you will permit me, I am convinced
25 that the vast majority of Canadian athletes compete and

train in a manner that is consistent with the highest standards of sportsmanship and fair play. And it disturbs me that athletes, all athletes become tarnished and subject to speculation on the basis of the timber of their voice, the appearance of facial hair, or the size of their muscles.

I understand how that speculation develops, but I think it would be irresponsible for me as a professional particularly with one who has some sensitivity to sport and sporting situations, to, in a superficial way, attempt to assess whether or not somebody is abusing drugs on the basis of the way they look.

I take your point entirely though, sir, that if certain things were evident to me, my suspicions would be aroused.

Q. All right. And I agree with you it must be relatively -- it's obviously a fairly novel and complicated area. As you indicated to Commissioner Dubin, there is not any -- there is no normal therapeutic use for anabolic steroids in sports medicine?

A. That's correct.

And if I may, my personal -- again, perhaps I repeat myself, but my personal experience is such that I have not had particular personal experience with athletes involved in the abuse of these substances, and that is for

two reasons.

First of all, very definitely by virtue of the fact that clearly I am -- which you will gather -- strongly opposed to the use of these substances in sport. And secondly, if I may say so, I am to -- I am to probably athletes and people in the athletic community who might abuse drugs, what the Securities Exchange Commission is to Mr. Ivan Boesky, and these are -- I am not a person that is frequently sought out.

10 MR. COMMISSIONER: That's strange.

MR. PORTER: Mr. Boesky is coming out of prison shortly.

THE WITNESS: Well, forgive the analogy.

15 MR. PORTER:

Q. You have though touched in an inference or directly as to the symptoms. Assuming someone really had taken anabolic steroids, some of those symptoms would occur, wouldn't they?

20 A. Again, it would depend upon the nature of the anabolic steroid that was used, the dosage that were used, the patterns of anabolic steroids useage.

There clearly are, as we saw yesterday, a variety of different anabolic steroid products, some of which produce some of these effects to greater extents

25

than others. And I suppose the tendency is, if I may
characterize it as that, for those who provide or counsel
the use of anabolic steroids, to use anabolic steroids
which have a maximum anabolic effect with a minimum
5 anabolic side effect.

Q. So, you could, in fact, if you were an
expert, pick certain ones that would accomplish that
result, could you?

10 A maximum of one effect with a minimum of
the exposure effect?

A. That's correct. Indeed -- sorry.

Q. Have you any idea in your studies, I
mean, has anybody ever leveled with you, anybody that's
taken anabolic steroids, have they ever come and leveled
15 with you?

A. Yes. I have spoken to people who have
used anabolic steroids in the past and who now have
adopted a totally different stance who are willing to talk
about their experiences.

20 Q. Have you any idea, having listened to
that, what the sequence of these symptoms might be for
somebody that would start an athlete using anabolic
steroids? What comes first?

A. That's a very difficult question to
25 ask, and -- pardon me, a very difficult question to

answer. It's a very easy question to ask. And I am not sure that I have sufficient knowledge to be able to answer that. I would think that you would find that some of the effects would be -- would occur coincidentally, and in association with changing of body silhouette -- and by the way, this presumes that this individual is, in fact, training and has an adequate protein intake and is consuming these products in association with an intense training program.

10 Q. I take it that anabolic steroids without the intense training program ---

A. Without training.

Q. -- will not change the silhouette at least?

15 A. No. I think that's true to say they will call some fluid retention, they may cause some of the side effects that we have discussed, mood changes, acne, those sorts of things.

Q. But you have to keep working out?

20 A. That's correct.

Q. So, do you have any -- as an expert, have you any feeling as to what that sequence might be if the athlete was taking --

25 A. Well, I would think that there would be a change in body silhouette and I think that there would

be a change ---

Q. How long would that take?

A. It would depend upon the dosage of the steroids, it would depend upon the intensity of workout,
5 it would depend upon the particular steroid. There are so many variables there I am --

Q. I am triggered again, it may be a mistake, my curiosity, but let's talk about a silhouette. And you made reference earlier today to an ordinary
10 athlete that might increase bulk and workout. Will your silhouette change very quickly?

A. Again it depends ---

Q. If you workout?

A. It depends what kind of workout you are
15 doing. If you are working out lifting weights, involved in resistance work, which even in the absence of anabolic steroids will produce changes in muscle size, muscle silhouette, then that is one thing.

If you are an endurance or middle distance
20 runner and your training is aerobic, it's not necessarily resistive training, then you may not get the tremendous changes in silhouette that would be accompanied -- would accompany the training program I just -- previous training program I described.

25 Q. So, if you were a weightlifter ---

A. Or someone training with weights.

Q. With weights, yes, well put.

Someone -- would, then, the change of silhouette occur much more quickly than it would have been before the person took the anabolic steroids?

5

A. I think that's fair to say.

Q. So, is it something that you see in a matter of weeks or months?

A. I would think weeks. Again, I would say that one feels -- one has no recourse to the literature in terms of these situations.

10

Q. Obviously, you haven't been able to do clinical trials of any sort?

A. I dare say that there is expert -- there is expertise in this area with particular reference to these kinds of questions which I -- that is greater than mine.

15

Q. If the hypothetical male athlete is taking the anabolic steroids, this change of silhouette, assuming he is having heavy workouts, does that depend on the dosage of the anabolic steroids? You have indicated that in some instances, and in your papers, people are taking massive doses, whereas if there was a medical need, such if you were 74 and you had falling tissue or your 13 year old child had some other problem, this is mega doses.

20

25

Does that have anything to do with the acceleration of your silhouette?

A. Yes, it would in my view.

5 Q. And does the amount of time that you take have anything to do with the acceleration of the silhouette?

A. The amount of time that you take the ---

10 Q. Over the anabolic steroids. I mean, will it be vastly different if I take it consecutively in a rhythm for a month, as opposed to one week?

15 A. Yes. I think some of the studies have shown and indeed one reads in the literature that one of reasons why people take anabolic steroids in cycles is (a) not only because they realize that there are problems with continued use of anabolic steroids, and therefore they want to give the body a break, so to speak, but also there would seem to be a plateau effect at around 6 to 8 weeks, and so that there clearly is -- there can be 20 demonstrated in some studies an increase in strength, and so on that tends to plateau at around 6 or 8 weeks. So that time is very definite variable in terms of the changes that we talk of.

25 Q. And you come back when? If you wish to rereach the plateau, when do you start again? You go for

6 weeks?

A. Yes.

Q. You stop?

A. Right.

5 Q. And when does the body, so to speak, recuperate? I agree with your position it never really recuperates?

A. Again, I have no real advice to offer in that regard because I have no experience. And indeed we
10 know that there are large numbers of athletes who do not come off these substances. Now, I am talking about athletes in sports or events or areas of activity where testing, where drug controls are just not a part and parcel of their athletic life. The body builder in the
15 gymnasium down the street, these sorts of situations. Of course, another stimulus to using anabolics in the cyclic fashion with periods of rest and interval is, of course, the desire to time those cycles in such a way that they coincide, that the steroid-free cycles coincide with a
20 period of competition at which testing may be a reality.

Q. My last question is that in the symptoms you discussed yesterday, concerning the male, the baldness, the acne, the mood swings, the breast tissue -- you had a technical name for them -- changes in sleep
25 patterns, loss of libido, testicular atrophy, those were

all reversible symptoms, is that correct? That when you stopped, eventually things returned to whatever was normal before?

5 A. Those are all presumably reversible features. I did point out in discussing the changes in individuals lipoprotein or lipid profiles.

Q. Yes.

10 A. That the evidence as it exists in the literature suggests that after five or six months after stopping steroids there is -- there is still evidence of elevation -- of distortion of these profiles with no evidence of their return to normalcy. Again we have just not followed these individuals in any orderly organized way that would allow us to say with a degree of confidence
15 and as a physician one would want to have.

Q. Those are only external symptoms. Your, of course, greater fear is that there are other symptoms which never go away as a result of taking --

20 A. Or that the population -- yes, I would agree with that. And I would add that the population of users may be sufficiently small multiplied by the exposure in person years, whatever unit you wish to apply, that we have as yet no idea of what the consequences may be.

25 By way of example, when the birth control pill was introduced for use some decades ago, it

contained dosages of the steroid hormones, not anabolic steroids, but of hormones that were considerably larger than the doses that are today used in those birth control preparations. Now, it took several years with large
5 numbers of women exposed around the world for us to begin to discover --

Q. Constant testing.

A. And constant testing to understand that there were problems here. And if you have a problem that
10 occurs at .001 percent level, then --

Q. You multiply the more that --

A. Exactly. And one requires a considerable body of clinical experience before these things begin to manifest themselves.

15 I am always -- please forgive me for ravening on on this, but I am always reminded of a lecture one of my professors gave to me in one of my years of medical school. This particular professor was an endocrinologist and he described the administration of
20 steroids in this -- his context of birth control pill as taking a sledgehammer to the endocrine system. And that's one of the comments that of course makes -- has some impact on a medical student. And when you consider the minute dosage forms of those particular steroids which
25 were being used in the birth control pill, if that is

taking a sledgehammer to an endocrine system, then the mind boggles when one considers the impact of the large doses of steroids that have been abused by athletes. I am sorry for --

5 Q. Yes, no, I appreciate that. My last question is did I understand from your answers yesterday that some of the superficial symptoms which occurred on a female: facial hair, a male pattern baldness, a deepening of voice, accepting your earlier answer that that is not
10 necessarily a sure indication, but those were all irreversible. Did I understand that properly?

A. Male pattern baldness, facial hair voice deepening, yes, that's correct.

15 Q. Why is that? Why do the males get off lightly and the females not so?

A. It certainly does seem unfair. But for instance, male pattern baldness, as many of us in this room can attest, relates to the fact that our own levels of testosterone are responsible for causing changes in our
20 scalp such that the hair follicles die off, to put it simply, and they never, ever recover.

Q. So Mr. Proulx, as opposed to the Commissioner and I, Mr. Proulx is on an irreversible course.

25 A. I would prefer to suggest --

THE COMMISSIONER: Let's not get personal,
Mr. Porter.

MR. PORTER:

5 Q. You talked about Mr. Armstrong being
Lou Ferrigno. Mr. Commissioner, you can't hold up Proulx
in one minute as a beauty boy and then not have some of
the warts vaguely exposed.

I then understand about the baldness,
10 but is the facial hair and the deepening of the voice,
they never go back?

A. The same sort of thing occurs that
there are changes in either hair follicle activity or in
the structure of the vocal cords such that they are -- in
15 the case of vocal cords, their architecture is changed,
transformed and does not revert to normal.

I mean again one way to consider the
effects or side effects of anabolic steroids is to look at
what happens to young males who go through puberty. Our
20 voices deepen, hopefully; we develop facial hair; and in
later life we develop male pattern baldness if we have --
our genetically programed to be such. Of course, one way
of looking at it is that those who have male pattern
baldness are much more male than those who are not.

25 MR. PORTER: I don't look at it that way.

Those are my questions.

THE COMMISSIONER: Any questions, Mr.
Sojonky?

MR. SOJONKY: No, thank you.

5 THE COMMISSIONER: Mr. Proulx, any
re-examination.

MR. PROULX: Mr. Commissioner, I think it
would be appropriate to produce --

10 THE COMMISSIONER: I think we are going to
call Dr. Stanish. I think we will wait until you call
him.

MR. PROULX: Okay. Thank you, I have no
questions.

EXAMINATION BY THE COMMISSIONER:

15 Q. I just have a few questions. I share
with what Mr. Futerman said, that one cannot help but be
impressed with you and indeed Mr. Makosky and Abby
Hoffman. We have got an outstanding team in Canada I
think directing itself to a problem which we hope is
20 soluble.

A. Thank you, sir.

Q. I must say it's my fault, I am sure, I
am rather puzzled by your evidence as to the harmful
effects, possible harmful effects of the use of steroids.
25 When you say that without -- I think you called it an

empirical study of a lengthy time with experimental subjects and so on, you don't know the answer. Is that you are not satisfied it has harmful effects and therefore would be justified for a physician administering the drug?

A. No, I think quite the reverse.

Q. I didn't think so but I think you may have given that impression.

A. Well, I apologize if I have in fact given that impression. In order to safely and confidently prescribe any product to a patient, the physician would want to rely on a body of scientific evidence.

Q. I would have thought so.

A. Which points to the safety of the particular product that he or she is prescribing. The old dictum of *primum non nocere*.

Q. That's a Latin expression. You use that in medicine, too? We use it in law all the time.

A. The only difference is that you probably understood it without being told the translation.

Q. Don't test me.

A. In the first instance, do no harm.

Q. Right.

A. I think physicians have a profound responsibility

Q. Could you give Dr. Pipe Exhibit 18.

This testing that is being undertaken in Canada, it is not just directed towards anabolic steroids, is it

A. That's correct.

5 Q. It's all prohibited drugs and banned practices?

A. That's correct, to the extent that they are testable for.

10 Q. I understand. This document is the document of the International Olympic Committee's Medical Commission?

A. Yes, sir.

15 Q. And it lists the various classes of drugs, banned drugs. First under stimulants, and is stimulants one of the subject matters of testing?

A. That's correct, sir.

20 Q. And it says stimulants comprise various types of drugs which increase alertness, et cetera. The use can also produce loss of judgment, which may lead to accidents to others in some sports. Amphetamine and related compounds have the most notorious reputation in producing problems in sport. Amphetamine and related compounds have the most notorious reputation of producing problems in sport. I am sorry, I read that twice. Some
25 deaths of sportsmen have resulted even when normal doses

have been used under conditions of maximum physical activity. There is no medical justification for the use of amphetamines in sport. Do you agree with that?

A. I do, sir.

5 Q. One group of stimulants is the sympathomimetic amines of which ephedrine is an example. I think you mentioned ephedrine earlier. In high doses, this type of compound produces mental stimulation and increased blood flow. Adverse effects include elevated
10 blood pressure and headache, increased and irregular heart beat, anxiety and tremor. In lower doses, they are often present in cold and hay fever and so forth.

So, the IOC was satisfied that this has -- they are satisfied that this has a harmful effect
15 on one's health without this long testing that you are thinking is necessary?

A. Yes, but I would point out that there is many of these products are contained in pharmaceutical compounds which are legitimately used for the treatment of
20 various conditions.

Q. Yes, colds and flu are so far the ones?

A. Exactly. Others which don't fall in that particular -- that particular category may be used in the practice of anesthesiology, for instance, to assist in
25 arousing one who is --

Q. No, but in the field of sports medicine, there is no justification for their prescription?

A. I am sorry, yes, I agree.

5 Q. Yes. And the danger is that it might elevate blood pressure, headache and so forth, regular heart beat are all possible side effects?

A. I would, if I may though, say that again the use of some of these products in association
10 with a cough or a cold medication may produce levels of these compounds which cannot be considered to be ergogenic in any way. And therefore, inadvertent use of these products should be treated with a great deal of --

Q. I understand. I am just trying to get
15 the side effects. I guess if you take too much aspirin it could be a bad thing for you, too?

A. Very definitely.

Q. Now, narcotic analgesics. Are we testing for these?

20 A. Yes, we are. You did -- did you wish to discuss Beta2-agonists?

Q. Well, we are going to have --

A. Sorry, I --

Q. These are beta blockers, aren't they,
25 is that what those are?

A. No, they are in fact drugs which are used in the treatment of asthma.

Q. Yes, I think we can skip that one over.

Narcotic analgesics, are we testing for those?

A. Yes, we are, sir.

Q. And the drugs belonging to this class, which are represented by morphine and its chemical and pharmacological analogs, act fairly specifically for the management of moderate to severe pain. Most of these drugs have major side effects, including dose-related respiratory depression, and carry a high risk of physical psychological dependence. And they go on to indicate the side effects.

I gather you are in agreement with this are you, Doctor?

A. Very much so.

Q. All right. Now, we come to anabolic steroids.

This class of drugs includes chemicals which were related in structure and activity to the male hormone. We have already gone through that. They have been misused in sport, not only to attempt to increase muscle bulk, strength and power when used with increased food intake, but also in lower doses and normal food

intake to attempt to improve competitiveness.

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Q. The use in teenagers who have not fully developed can result in steady growth by effecting growth to the long bones. You've mentioned that.

A. That's correct.

5 Q. That would be irreversible, though, wouldn't it?

A. I'm sorry.

Q. Would that not being irreversible?
I suggested to Mr. Porter that all these things can be
10 reversible if you stopped taking them. I don't quite understand that.

A. You're quite right to have brought that up.

Q. Then the use can produce psychological
15 changes, liver damage. Well, if one damages one's liver, is that reversible?

A. The liver, unlike most organs in the body, has a remarkable capacity under certain situations to regenerate.

20 Q. Well, all the heavy drinkers, I guess, are quite happy to hear that.

And adversely effect the blood lipids; is that reversible?

A. This is the subject I was speaking
25 specifically about with Mr. Porter. The evidence that we

have would suggest that some months after ceasing anabolic steroids that these changes have not returned to normal.

Q. So far there is no evidence that they are reversible?

5 A. That's correct.

Q. And the cardiovascular system -- this is your specialty, by the way. Tell us about the cardiovascular system?

10 A. By cardiovascular system we must include not just the heart but also the blood vessels and circulation of the whole body, but particularly the blood vessels to the brain ---

Q. Is that reversible once that damage has been done?

15 A. There is evidence in literature that, depending upon the type of damage and the site of damage, it can or cannot be considered reversible. There are suggestions ---

Q. It's pretty risky then, isn't it?

20 A. Very definitely.

Q. And males are -- can reduce testicular size. And sperm production, you say that's always reversible?

25 A. That generally reverses following cessation of steroids.

Q. No matter how long the male has been taking the anabolic steroid, over what period of time?

I am assuming now that some athletes will take mega-doses if they think it's going to help?

5 A. If a little is good, a whole lot is better?

Q. Yes.

A. That would be their credo.

10 Q. It wouldn't matter then no matter how long or over what period of time how -- what size of dope, they just stop and in a few months everything will go back to normal, so as far as this issue is concerned, the sperm production and testicular size?

15 A. Yes. Ordinarily, once the exogenous steroids are no longer being supplied to the body, the body's normal system kicks in and senses that there is a deficiency of testosterone, the brain stimulates by a variety of hormonal activity, the testis to produce sperm again and the testicular size function will recover.

20 Q. Then the females, are used to masculinization which we have heard, development of male pattern hair growth and suppression of ovarian function.

I read someplace that that could be irreversible, that women might be sterile. Have I misread that?
25

A. That is certainly a theoretical, perhaps more than a theoretical possibility.

Again, one does not have access to the appropriate body of clinical evidence.

5 Q. All right. We're going to skip beta blockers at the moment. And now you've talked about diuretics. Would you skip over two pages for me?

A. Yes, I'm at diuretics.

10 Q. I'm going to skip the beta blockers for the moment. Do you check for diuretics?

A. Yes, we do, sir.

Q. Diuretics are sometime misused by competitors for two main reasons; of course, to lose weight and also to try to excrete the drug, right?

15 A. That's correct.

Q. And rapid reduction of weight in sport in justified further. Deliberate attempts to reduce weight artificially in order to compete in lower weight aren't acceptable.

20 What is the health hazard of diuretics. The health risks are involved in such misuse because of the serious side effects which might occur. It doesn't say what they are?

A. Yes. I tried to mention this yesterday.
25 In association with producing a brisk outflow of urine,

along with that urine very often comes other chemicals,
in particular, classic chemicals we refer to as
electrolytes; potassium being a very important one.

Potassium, a stable level of potassium,
5 quite simply, is very important for muscular contractions,
for the regularity and efficiency of the heart beat.

If I can give you an example, which I
believe I mentioned yesterday, a young Canadian athlete
seeking to make weight for an event in Caracas, Venezuela
10 in 1983 ran outside at noon in two jogging suits, covered
with plastic garbage bags, with a hat, trying to sweat off
as much weight as he could, as much water as he could and,
at the same time, was using diuretics.

He was subsequently found unconscious
15 because of the electrolyte imbalances that resulted from
that kind of process.

Q. Now, as an expert of sports medicine, I
have been told that athletes, for the most, become really
concerned about their health, about nutrition, about the
20 intake of drugs and whatnot, is that right? You have
expressed ---

A. That's very true.

Q. --expressed more a knowledge of what is
going to be good for them and bad for them?

25 A. Very concerned about aspects of their

diet, their health. Some athletes tend to monitor with almost an enthusiasm that borders on fanaticism, their weight and intake.

Q. What is a good thing to take and what
5 is a bad thing to take?

A. That's right. Unfortunately, that sometimes leads itself to an involvement, in the sense of nutrition, in all kinds of nutritional fads and fallacies and, you know...

10 Q. But a person who wants to proceed athletically, and there are always exceptions, is probably more knowledgeable of what he's taking in and what he is not taking in than the average person who is not athletic, in athletic competition? In your experience, is that
15 fair?

A. I think that would be generally true.

Q. There are exceptions, obviously.

A. Yes.

20 Q. Well, I was interested in the source of -- first of all, who comes up with the idea, you know? An athlete doesn't know whether a certain drug is going to make him big or small or slower or faster or anything else. Who tells athletes -- where do you learn that an anabolic steroid is going to make you bigger, stronger,
25 faster, if it does?

A. Well, there's certainly a ---

Q. Is this the pharmacologist or the people in your profession, sports medicine types? Where is the expertise?

5 A. I would suppose that, unfortunately, there have been people in my profession who have involved themselves in this kind of activity. There have been, unfortunately, professionals in other health professions who have done the same thing.

10 Q. You spoke earlier about pharmacologists sort of always leading the way and the testing process must try to keep up with the new anticipated ---

A. Yes.

Q. ---efforts to ---

15 A. I'm sure that there are those who pour avidly over the kinds of scientific literature that talks about some of these compounds who are constantly on the look out for an edge.

20 Q. Would I read it in the New England Journal of Medicine, for example?

A. That's correct, you might, or you might read about it in any one of the learned journals that relate to endocrinology or the administration of hormones.

25 Q. Pharmacologists have this expertise as well?

A. Pharmacologists?

Q. To develop a product which is on our
banned list here?

5 A. That's correct. You know, most of
these products, when ones look at them are, in fact,
products that were initially designed or developed with
the understanding or with the intention that these would
provide a boon or a benefit to man.

10 Q. I understand most of them, but I guess
some of these can actually be used legitimately,
obviously, some of these drugs?

A. Can be used?

Q. Can be used legitimately?

A. Yes, quite so.

15 Q. But in taking anabolic steroids, as I
understand it, you can't buy, legally, an anabolic steroid
without prescriptions?

A. That's correct.

Q. They are not an over-the-counter drugs?

20 A. Except for the fact that you can order
them by mail from various supply sources that may be out
of the country.

Q. I'm talking about legally?

A. Yes, I'm sorry.

25 Q. We're going to talk about the Food and

Drug Act in a moment. And I think they come in either pill form or in liquid form?

A. That's correct.

Q. And you said something about
5 veterinarians. Do they use -- I think I read about a bull being disqualified at the winter fair because of the use of steroids. Did you read about that?

A. I recall reading about something at the Royal Winter Fair, but that was some kind of surgical
10 procedure.

Q. Do vets use anabolic steroids ---

A. That's correct.

Q. ---as part of their practice. I am assuming it is appropriate. When doctors order anabolic
15 steroids, do they order it in pill form or liquid form or either one?

A. It could be in either form.

Q. And can be administered either way?

A. That's correct.

Q. So, that for -- are you a cardiologist?
20

A. I'm general practitioner who has appointment in a cardiac unit.

Q. Well then, in general, you are an internist, as well?

A. I'm a general practitioner.
25

Q. Well, anabolic steroids, I understand are in very limited use, really, generally in medical?

A. That's very true.

Q. And of no use for a person in sports medicine at all?

A. That's correct.

Q. Now, we can't help but admire the dedication which you bring to I think this very important cause and you've obviously travelled internationally, given lectures practically all over the world and deal with your colleagues internationally, talked to them?

A. That's correct.

Q. What do you learn at these conferences or at the Olympics? I mean, I don't know about you but lawyers are a bunch of gossips sometimes, so they go to a conference to find out what is going on, what is in the world about there. Do you talk about these things internationally?

A. Yes, that's true. We certainly do.

Q. What is the reaction you hear? As you know, we are concerned about the international scene as well as the Canadian scene?

A. I think I can characterize it as this; that certainly I would say universally, around the world, that sports medicine physicians and sports scientists, and

their professional organizations are very concerned about this problem and they're struggling to deal with this problem.

5 Q. Well, do they tell you that they have a problem in their countries?

A. That's correct. I think there is no question that this is a problem that occurs irrespective of national boundary and one ---

10 Q. And I think you said some people may think you're an idealist. Do your colleagues view you that way or are they going to join forces with you internationally as well as nationally?

15 A. I suppose there are those who are somewhat cynical, who suggest that while the ideals are fine that you're never, ever going to be able to eliminate the problem. That this is always going to be with us. I don't think -- and I don't think that's necessarily cynical; that may be realistic.

20 You know, we may -- but we have to do everything that we can to reduce this problem to its irreducible level. I think we can do a great deal than we have doing.

25 Q. But they need the medical scientists and international sports organizations. Who else, really, to eliminate this problem?

A. Oh, I think we are somewhat limited by virtue of the narrow focus of our interest, if you will, in terms of the extent to which we're going to be able to successfully deal with this. The people that can really
5 change the values and the attitudes which underlie a willingness to get involved in these processes are the coaches and the athletes. I strongly ---

Q. Well, turning to the athletes, I mean, this little survey we had, one of the exhibits here, for
10 whatever it's worth, indicate that most athletes are aware of the side effects and what that means.

You address the question in one of your papers as to why an athlete, at the risk of personal harm to their health and their future, would cheat. So they
15 are violating the fundamental precepts of sport and risking their health in doing it.

A. Well, one of the things ---

Q. One of the things you spoke of is the sort of peer culture or part of a peer group, of that
20 nature. Are you worried then about the commercialization of these competitive sports now. Is that a factor which you think has to be addressed, if it can be?

A. Well, I think anything which places an undue emphasis upon performance to the exclusion of any
25 other consideration is a potential problem.

Q. Take performance. As you are aware, this funding program, with some reservation Miss Hoffman spoke of yesterday, but you can be the sort of number one athlete in Canada in a particular sport but, as I see it, and I maybe overstating it, unless you are a medal -- at the chance of a medal, you are not going to be able to sort of put the Canadian flag around you and stand up and say I'm the best in Canada and I am going to the Olympics. Is that your view?

10 A. I don't think that that's necessarily ---

Q. Well, you can't get in there unless you're sort of top of the class?

A. I think so many of the athletes that I'm familiar with, let's take for example, the members of our national basketball team, are young men who are intensely proud of the fact that they are ---

15

Q. They have to qualify?

A. That's true. But they've never won a medal in an Olympic competition.

20 Q. No, but they represent Canada. But they get there because they compete against other teams internationally?

A. Yes.

Q. And win their way to the Olympics?

25 A. Yes.

Q. As do our other athletes by competing other times, whatever it is, against world standards. So, I don't think that's the same example; it may be.

A. Then sorry, I've missed your point, sir.

Q. Well I read someplace that the high standards we set in order to be able to qualify for the Olympics may induce an athlete anxious to get there to cheat because he can't get there by merely being the best in Canada but his time is too slow to be a world competitor?

A. I appreciate in part that argument but I would also make the argument that if you lower the standard, that all that you then do is provide a lower border or cut-off point and people who are close to that border or cut-off point may be similarly tempted.

Q. I've been reading a lot lately and trying to learn something about the subject.

A. I think that is something that definitely has to be considered. On other hand, there are individuals in our communities who are abusing these drugs, who are not involved in any competition whatsoever.

And in that sense it becomes, I suppose ---

Q. Is that sort of an off-shoot of sort of another aspect of the drug scene in North America and

other places? That's not to say ---

A. I'm not sure that it is but I think it is an off-shoot of a different kind of subculture, a culture of people who are pre-occupied with their body size, their body image, who will do anything to achieve a certain shape and have realized that by using drugs they can supposedly enhance their ability to get that certain shape or to have that certain physique.

I've heard it said that the reasons for large numbers of abusing anabolic steroids is they want to have big arms to impress members of the opposite sex.

I mean, there are those kinds of components to this problems which are seemingly irrational but they are there.

Q. Well, going back to your doping control or procedures, and I asked Miss Hoffman about this, but when you have a positive finding, there doesn't seem to be any effort to pursue the source, to find out where the athlete got the drug, where was it administered, where they are getting it and don't you have to attack that problem as well?

A. Very much so.

Q. And we don't seem to be doing that?

A. Very much so, and we're very limited in our ability to do that. At least with -- athletes sign

agreement that they will submit to testing. Once they provide a sample, we then have evidence of drug use and can enforce the appropriate sanctions. It's very difficult to then make inquiry.

5 Speaking for the Sport Medicine Council of Canada, we have no ability to compel testimony, to obtain evidence, to mount an investigation.

Q. Well, do you ask? Do you ask the athlete, where did you get the substance and who
10 administered it to you, what is going on, or ask the coach or ask the federation? Say, this is serious business here. One of your athletes has been found cheating and this could damage the sport and damage the athlete's health, what's going on around here? What are you doing
15 about it? Weren't you suspicious?

A. Those questions are asked of the sports by Sport Canada. We have no responsibility or ability to police these processes.

Q. Well, that brings my final question. I
20 think there was a suggestion here the other day, I have heard elsewhere that perhaps this whole question of doping control or doping testing be entirely taken over by the Sport Medicine Council of Canada to the exclusion of the sports federations.

25 I gather from what you said before, you

would be opposed to that. That would mean, of course, building up a great big staff and all sorts of -- does that makes any sense?

5 A. I think that does make some sense. I think there is ---

Q. In other words, you would take on the whole -- the Sports Federation would be relieved of any responsibility?

10 A. I wouldn't say any responsibility but certainly some of the responsibilities for the conduct of testing, the ---

15 Q. No, I am prepared -- since it's your lab and your lease and what you do with it, you have set up these doping stations, but that would mean that you would have to send in the flying squads and your own people every place and decide who is going to be tested where and when without even the sports federations knowing about it. I mean, that's a theory being advanced?

20 A. Yes, I think, though, that general concept is one that I think has to be very seriously considered. I think that would of necessity involve some relationship and involvement of the national sport organizations, if only to identify who were athletes in their organizations, their addresses, means of identifying
25 them so on and so forth.

And one would want to continue to have the sports organizations involved in the educational aspects and particularly in the discussion of these issues with younge, developmental athletes.

5 But I think the scenarios that you outline is one that is very legitimate.

THE COMMISSIONER: All right, thank you.

THE WITNESS: Thank you sir.

10 THE COMMISSIONER: We're all indebted to you, Dr. Pipe, and I am going to take advantage of the offer you make. You may have forgotten it. You said you were prepared to come back and help me later.

Thank you very much and hope things go well with your father?

15 THE WITNESS: Thank you, sir.

THE COMMISSIONER: Mr. Armstrong.

20 MR. ARMSTRONG: Yes. Mr. Commissioner, our schedule has fallen behind but it's fallen behind for good reason. We've been helped very much by the witnesses that have gone before, as you've already indicated.

25 The situation is this; that the only day that either Mr. Pound, the Vice-President of the IOC, or Dr. Jackson, the President of the Canadian Olympic Association, could be here was today and they both come from out of town, as you know.

And Dr. Jackson was here but he has to be in the Western United States tomorrow for a meeting that we were trying to work around and so he's not available to us.

5 And Mr. Pound is on Olympic business, a prior commitment in New York.

So, we're going to go ahead tomorrow morning with Dr. Gledhill and we'll simply have to reschedule Mr. Pound and Dr. Jackson at some other time.

10 THE COMMISSIONER: Mr. McCreath is aware of all this problem. It's not your fault, is it, Mr. McCreath.

MR. McCREATH: We understand that.

THE COMMISSIONER: All right.

15 MR. ARMSTRONG: So we'll start with Dr. Gledhill and then the Ontario Government witnesses.

THE COMMISSIONER: Very well. Tomorrow morning at ten o'clock. Thank you.

20 ---Whereupon the proceedings are adjourned to recommence at ten o'clock, January 18, 1989.

